Page 1

IN THE UNITED STATES DISTRICT COURT

FOR THE NORTHERN DISTRICT OF OHIO

EASTERN DIVISION

- - -

IN RE: NATIONAL : HON. DAN A.

PRESCRIPTION OPIATE : POLSTER

LITIGATION

•

APPLIES TO ALL CASES : NO.

: 1:17-MD-2804

:

- HIGHLY CONFIDENTIAL -

SUBJECT TO FURTHER CONFIDENTIALITY REVIEW

- - -

February 15, 2019

- - -

Videotaped deposition of GEORGE STEVENSON, taken pursuant to notice, was held at the offices of McCarter & English, LLP, 1600 Market Street, Philadelphia, Pennsylvania, beginning at 9:11 a.m., on the above date, before Michelle L. Gray, a Registered Professional Reporter, Certified Shorthand Reporter, Certified Realtime Reporter, and Notary Public.

_ _ _

GOLKOW LITIGATION SERVICES 877.370.3377 ph | 917.591.5672 fax deps@golkow.com

		Daga 2			Daga	1
1	ADDE AD ANICES	Page 2	1 TE	LEDITONIC/CTDE AMING ADDE AD ANGL	Page	4
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	APPEARANCES: SEEGER WEISS, LLP BY: JENNIFER SCULLION, ESQ KSENIYA LEZHNEV, ESQ 77 Water Street, 8th Floor New York, New York 10005 (212) 584-0780 Jscullion@seegerweiss com Representing the Plaintiffs BRANSTETTER, STRANCH & JENNINGS, PLLC BY: JOE P LENISKI, JR, ESQ 223 Rosa L Parks Avenue, Suite 200 Nashville, Tennessee 37203 (615) 254-8801 Joeyl@bsjfirm com Representing the TN Plaintiffs McCARTER & ENGLISH, LLP BY: AMY M VANNI, ESQ 1600 Market Street, Suite 3900 Philadelphia, Pennsylvania 19103 (215) 979-3848 avanni@mccarter com - and - McCARTER & ENGLISH, LLP BY: HAYLEY J REESE, ESQ Renaissance Centre 405 N King Street, 8th Floor Wilmington, Delaware 19801 (302) 227-6308 hreese@mccarter com Representing the Defendants, Endo Health Solutions; Endo Pharmaceuticals, Inc; Par Pharmaceutical Holdings, Inc and the Witness		CCc 2 3 RO 4 BY 800 5 Bos (61 6 sea Rep 7 8 UL BY 9 65 Col 10 (61 sbe 11 Rep Pha 12 Wa	LEPHONIC/STREAMING APPEARANCI ont'd.) PPES & GRAY, LLP (: SEAN B. KENNEDY, ESQ.) Boylston Street ston, Massachusetts 02199 7) 951-7234 n.kennedy@ropesgray.com presenting the Defendant, Mallinckrodt MER BERNE, LLP (: SANDRA MILLER BENOIT, ESQ. Least State Street lumbus, OH 43215 4) 229-0016 noit(@ulmer.com presenting the Defendant, Teva armaceuticals, Inc. Cephalon Inc, atson Laboratories, Actavis LLC, Actavis arma, Inc.		
		Page 3			Page	5
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	APPEARANCES: (Cont'd.) PIETRAGALLO GORDON ALFANO BOSICK & RASPANTI, LLP BY: ASHLEY KENNY, ESQ. 1818 Market Street, Suite 3402 Philadelphia, Pennsylvania 19103 (215) 320-6200 Ak@pietragallo.com Representing the Defendant, Cardinal Health TELEPHONIC/STREAMING APPEARANCES: JONES DAY BY: EDWARD M. CARTER, ESQ. 325 John H. McConnell Boulevard Columbus, Ohio 43215 (614) 281-3906 Emcarter@jonesday.com Representing the Defendant, Walmart COVINGTON & BURLING, LLP BY: JOSEPH HYKAN, ESQ. AMBER CHARLES, ESQ. 850 Tenth Street, NW Suite 586N Washington, D.C. 20001 (202) 662-5769 jhykan@cov.com Representing the Defendant, McKesson Corporation JACKSON KELLY, PLLC BY: SANDRA K. ZERRUSEN, ESQ. 50 South Main Street, Suite 201 Akron, Ohio 44308 (330) 252-9960 Skzerrusen@jacksonkelly.com Representing the Defendant, AmerisourceBergen		2 3 (l 4 S (l 5 6 V 7 E 8 9 L	ALSO PRESENT: Carolyn Johnson Paralegal - Seeger Weiss) andra Di Iorio, Esq. Endo) ZIDEOTAPE TECHNICIAN: Bill Geigert ZITIGATION TECHNICIAN Bradley Smith		

```
Page 6
                                                                                                                                   Page 8
  1
                                                                                     EXHIBITS (Cont'd)
  2
                     INDEX
                                                                           3
  3
                      - - -
                                                                                         DESCRIPTION
                                                                           5
6
                                                                                                            PAGE
  4
                                                                                 NO
                                                                                 Endo
  5
                                                                                 Stevenson-9 E-mail Thread
          Testimony of:
                                                                           7
                                                                                        1/24/07
  6
                                                                                        Subject, Percocet
                                                                           8
                                                                                        Price Increase Effective
                        GEORGE STEVENSON
                                                                                       2/1/07 Approved by EPC
ENDO-OPIOID_MDL-
  7
                                                                           9
  8
               By Ms. Scullion
                                                                                        03571186-92
                                          21
                                                                          10
  9
               By Ms. Vanni
                                          527
                                                                                 Endo
10
                                                                          11
                                                                                 Stevenson-10 Percocet Quarterly 203
11
                                                                                        Business Review
                                                                                        Fourth Quarter 2002
                                                                          12
12
                                                                                        ENDO-OPIOID_MDL-
13
                   EXHIBITS
                                                                          13
                                                                                       04910731
14
                                                                          14
                                                                                 Endo
                                                                                 Stevenson-11 (Skipped)
15
                                                                          15
16
                     DESCRIPTION
                                               PAGE
          NO.
17
          Endo
                                                                          16
                                                                                 Stevenson-12 GAO, OxyContin
                                                                                                               247
                                                                                        Abuse and Diversion
          Stevenson-1 Curriculum Vitae
                                                21
                                                                          17
                                                                                        And Efforts to Address
18
                   George R. Stevenson
                                                                                        The Problem
19
                                                                                        ENDO-OPIOID MDL-
                                                                          18
                                                                                        03256655-17
          Stevenson-2 Subpoena to Testify 37
                                                                          19
20
                                                                                 Endo
                                                                                 Stevenson-13 E-mail Thread
                                                                          20
                                                                                                             260
                                                                                        9/8/03
21
          Stevenson-3 GeneriCo Board of 68
                                                                          21
                                                                                        Subject, EN3218
                   Directors
                                                                                        Quota Request and
22
                                                                          22
                                                                                       Risk Management Questions ENDO-OPIOID_MDL-
23
                                                                                       03002818-19
                                                                          23
24
                                                         Page 7
                                                                                                                                  Page 9
 1
           EXHIBITS (Cont'd)
                                                                           2
                                                                                     EXHIBITS (Cont'd)
                                                                           3
 5
       NO
               DESCRIPTION
                                  PAGE
                                                                           5
                                                                                 NO
                                                                                          DESCRIPTION
                                                                                                             PAGE
       Endo
                                                                           6
                                                                                 Endo
       Stevenson-4 E-mail, 1/25/07
                                                                                 Stevenson-14 E-mail Thread
                                                                                                              274
              Subject, Stevenson
                                                                                        9/29/03
              2006 Performance
                                                                                        Subject, Final DEA
 8
              Appraisal
                                                                           8
                                                                                        Presentation
              Endo 2006 Performance
                                                                                        Endo Pharmaceuticals
 9
             Management
ENDO-OPIOID MDL-
                                                                           9
                                                                                        Meeting with Drug
                                                                                        Enforcement Administration
10
              00860303-11
                                                                          10
                                                                                        9/30/03
       Endo
11
                                                                                        ENDO-OPIOID MDL-
       Stevenson-5 E-mail Thread
                                  107
                                                                                       03005612
12
              3/8/07
                                                                          12
                                                                                 Endo
              Subject, Opana
                                                                                 Stevenson-15 Risk Management Plan 284
13
              On Hand Quantities at
                                                                          13
                                                                                        For Opioid Analgesics
              McKesson (QVL)
                                                                                        Oxycodone ER
14
              ENDO-OPIOID_MDL-
                                                                          14
                                                                                        1/15/04
             05554625-28
                                                                                        ENDO-OPIOID_MDL-
15
                                                                                        04137306-413
                                                                          15
       Endo
                                                                          16
                                                                                 Endo
16
       Stevenson-6 Trade Organization 113
                                                                                 Stevenson-16 Risk Management Plan 286
             Memberships
OpCom 4/28/04
ENDO-OPIOID_MDL-
                                                                          17
                                                                                       For Opioid Analgesics
17
                                                                                        Oxycodone ER
                                                                          18
18
             04137718
                                                                                        ENDO-OPIOID_MDL-
19
       Endo
       Stevenson-7 Form 10-K
                                  160
                                                                                       01500831-36
20
              Endo Pharmaceuticals
                                                                          20
             Holdings
21
                                                                          21
                                                                                 Stevenson-17 Endo Pharmaceuticals 297
       Endo
                                                                                        To Continue to Market
       Stevenson-8 Endo Pharmaceuticals 176
22
                                                                          22
                                                                                        Its Bioequivalent
              Company Overview
                                                                                        Version of OxyContin
23
              April 2004
                                                                          23
              ENDO-OPIOID_MDL-
                                                                          24
             04137944
2.4
```

```
Page 10
                                                                                                                                      Page 12
 2
           EXHIBITS (Cont'd)
                                                                                        EXHIBITS (Cont'd)
                                                                              3
       NO
                DESCRIPTION
                                    PAGE
                                                                                    NO
                                                                                             DESCRIPTION
                                                                                                                 PAGE
 6
                                                                              6
       Stevenson-18 Form 10-K
                                    302
                                                                                    Stevenson-28 E-mail Thread
                                                                                                                  378
              Fiscal Year Ended
                                                                                           4/5/06
                                                                                           Subject, Examples
ENDO-OPIOID_MDL-
              12/31/06
 8
                                                                              8
                                                                                           03924784
       Endo
       Stevenson-19 Corporate Reputation 308
 9
                                                                              9
              Management
                                                                                    Endo
              Cohn & Wolfe Healthcare
10
                                                                             10
                                                                                    Stevenson-29 Endo Contribution 397
                                                                                           Margin Report
11
              ENDO-OPIOID_MDL-
                                                                             11
                                                                                           ENDO-OPIOID_MDL-
              04137791
                                                                                           00000008
12
                                                                             12
       Endo
                                                                                    Endo
13
                                                                             13
       Stevenson-20 E-mail Thread
                                    313
                                                                                    Stevenson-30 E-mail Thread
                                                                                                                  411
              8/20/03
                                                                                           5/3/06
14
              Subject, Risk
                                                                             14
                                                                                           Subject, New
NCPA Pharmacist
              Management Plan
15
                                                                             15
              Submission
                                                                                           Research Study
              ENDO-OPIOID MDL-
                                                                                           ENDO-OPIOID MDL-
              01709808-18
                                                                                           00877265-66
17
                                                                             17
       Endo
       Stevenson-21 You Want a
                                    321
                                                                                    Stevenson-31 E-mail Thread
                                                                                                                  417
              Description of Hell?
18
                                                                             18
                                                                                           2/12/04
              OxyContin's 12-Hour
                                                                                           Subject, Urgent Re
                                                                                           Opioid Education
19
                                                                             19
              Problem
20
       Endo
                                                                                           Materials
       Stevenson-22 Endo Health
                                                                                           ENDO-OPIOID MDL-
                                    326
                                                                             2.0
              Solutions Supplemental
                                                                                           02255008-09
21
              Objections and Responses
                                                                             21
22
                                                                             22
              Preliminary Statement
23
                                                                             23
24
                                                                             24
                                                         Page 11
                                                                                                                                      Page 13
 1
           EXHIBITS (Cont'd)
                                                                                        EXHIBITS (Cont'd)
                                                                              2
 5
       NO
                DESCRIPTION
                                   PAGE
                                                                              5
6
                                                                                    NO
                                                                                             DESCRIPTION
                                                                                                                 PAGE
                                                                                    Endo
       Endo
       Stevenson-23 Drug Abuse, Current 334
                                                                                    Stevenson-32 E-mail Thread
                                                                                                                  426
              Concepts and Research
                                                                                           3/23/04
                                                                                           Subject, Pharmacist
                                                                              8
                                                                                           Educational
 9
       Stevenson-24 E-mail Thread
                                    338
                                                                                           Initiative Update
ENDO-OPIOID MDL-
                                                                              9
              3/6/08
              Subject, Opana
                                                                                           02255384-88
10
              ENDO-OPIOID MDL-
                                                                             10
              06175127-29
                                                                                    Endo
12
                                                                             11
                                                                                    Stevenson-33 E-mail Thread
                                                                                                                  427
       Stevenson-25 Letter, 7/10/00
                                    346
                                                                                           5/21/04
13
              To McCormick from
                                                                             12
                                                                                           Subject, Opioid
              Patterson
                                                                                           Patient Brochure
14
              RE, IND 56,919
                                                                             13
                                                                                           Production Ready
              Numorphan
                                                                                           ENDO-OPIOID_MDL-
              ENDO-OPIOID MDL-
15
                                                                             14
                                                                                           02255803-12
                                                                                    Endo
              00156150-51
                                                                             15
                                                                                    Stevenson-34 E-mail Thread
                                                                                                                 463
16
       Endo
                                                                             16
                                                                                           7/1/03
17
       Stevenson-26 E-mail Thread
                                    351
                                                                                           Subject, Agency Contact
              10/20/06
                                                                             17
                                                                                           Report, Oxymorphone ER and IR
18
              Subject, Project
                                                                                           ENDO-OPIOID MDL-
                                                                             18
              Pizza
              ENDO-OPIOID MDL-
                                                                                           01716696-97
19
              00856825-31
                                                                             19
20
                                                                                    Endo
                                                                                    Stevenson-35 E-mail Thread 7/14/03
       Endo
                                                                             20
       Stevenson-27 E-mail Thread
21
                                    364
              10/27/06
                                                                             21
                                                                                           Subject, Action Plan
              Subject, Project
22
                                                                                           To Prevent Diversion
              Pizza Update
                                                                             22
                                                                                           ENDO-OPIOID_MDL-
              ENDO-OPIOID_MDL-
23
                                                                                           01692316-21
              02230226-28
                                                                             23
2.4
                                                                             2.4
```

```
Page 14
                                                                                                        Page 16
                                                              1
2
        EXHIBITS (Cont'd)
                                                              2
                                                                          DEPOSITION SUPPORT INDEX
3
                                                              3
 5
     NO
            DESCRIPTION
                            PAGE
                                                              4
6
     Endo
                                                              5
                                                                    Direction to Witness Not to Answer
     Stevenson-36 Memo, 4/1/04
                             476
                                                              6
                                                                    PAGE LINE
 7
           Cohn & Wolfe
           Subject, Proactive
                                                                    None.
8
           Media Relations
                                                              7
           Review & Recommendations
                                                              8
                                                                    Request for Production of Documents
9
           ENDO-OPIOID MDL-
           04137641-42
                                                              9
                                                                    PAGE LINE
10
                                                                    None.
     Endo
                                                            10
11
     Stevenson-37 E-mail Thread
                            480
                                                                    Stipulations
           4/7/04
                                                            11
12
           Subject, Kentucky
                                                            12
                                                                    PAGE LINE
           State Programs and
                                                                    None.
13
           OxvContin Abuse
           ENDO-OPIOID MDL-
                                                            13
14
           03256784-86
                                                                    Questions Marked
15
     Endo
                                                            14
     Stevenson-38 E-mail Thread
                            489
                                                                    PAGE LINE
16
           4/23/04
           Subject, E-mailing
                                                            15
                                                                    None.
17
           8494968
                                                            16
           ENDO-OPIOID MDL-
                                                            17
18
           03389105-07
                                                            18
19
     Endo
     Stevenson-39 E-mail Thread
                            495
                                                            19
20
           4/28/04
                                                            20
           Subject, Actiq Abuse
21
                                                            21
           ENDO-OPIOID MDL-
                                                            22
22
           02843461-62
                                                            23
23
24
                                                            24
                                            Page 15
                                                                                                       Page 17
 1
                                                              1
 2
          EXHIBITS (Cont'd.)
                                                              2
                                                                               MS. VANNI: This is Amy
 3
                                                              3
                                                                           Vanni, I represent Endo and the
 4
 5
      NO.
               DESCRIPTION
                                 PAGE
                                                              4
                                                                           witness. We learned today that
      Endo
                                                              5
                                                                           Ms. Scullion previously
      Stevenson-40 E-mail Thread
                                 500
             5/21/04
                                                              6
                                                                           represented Apothecon, a division
             EN3218 Preparedness
                                                              7
                                                                           of BMS, and more particularly,
 8
             Next Steps
             ENDO-OPIOID MDL-
                                                              8
                                                                           represented or participated in
 9
             02843475-80
                                                              9
                                                                           representing Mr. Stevenson, our
10
      Endo
      Stevenson-41 E-mail Thread
                                                            10
                                                                           deponent today, at a deposition
                                 510
11
             5/22/07
                                                            11
                                                                           involving an unrelated drug,
             Subject, FDA News Drug
                                                            12
                                                                           related to his employment at
12
             Daily Bulletin
             ENDO-OPIOID MDL-
                                                            13
                                                                           Apothecon.
13
             05554689-93
                                                            14
                                                                                We're allowing the
      Endo
14
                                                            15
      Stevenson-42 COLT Staff Minutes 516
                                                                           deposition to move forward, but
1.5
             5/24/07
                                                            16
                                                                           ask that in the course of the
             ENDO-OPIOID MDL-
                                                            17
                                                                           deposition, that Ms. Scullion met
             01915705-06
16
17
      Endo
                                                            18
                                                                           with Mr. Stevenson, that she not
      Stevenson-43 McKesson 867
                                  520
                                                            19
                                                                           use any confidential information
18
             Opana Data Aug
             To Present 11/3/06 xls
                                                            20
                                                                           that she may have obtained from
             ENDO-OPIOID_MDL-04139984
19
                                                            21
                                                                           him during her representation here
2.0
                                                            22
21
22
                                                            23
                                                                               MS. SCULLION: And as I
23
                                                             24
                                                                           explained off the record
24
```

	Page 18		Page 20
1	previously, I did represent, as an	1	testimony.
2	associate at a prior law firm,	2	MS. VANNI: Agreed.
3	Apothecon. And I do recall	3	MS. SCULLION: Okay. Great.
4 .	Mr. Stevenson, meeting him in the	4	Thanks. I appreciate that.
5	course of that. I don't recall	5	THE VIDEOGRAPHER: Good
6	representing you personally during	6	morning. We are now on the
7	a deposition. But I'm I'm just	7	record.
8	saying I don't recall.	8	My name is Bill Geigert, I'm
9	As Ms. Vanni explained, the	9	a videographer for Golkow
10	representation with respect to	10	Litigation Services.
11	Apothecon did not concern any	11	Today's date is February 15,
12	opioid product, did not concern	12	2019. And the time is 9:11 a.m.
13	any pain product; the product at	13	This video deposition is
14	issue there was a generic warfarin	14	being held in Philadelphia,
15	sodium product. And the nature of	15	Pennsylvania, in the matter of
16	the lawsuit was an antitrust	16	National Prescription.
17	action. And again I was an	17	The deponent is George
18	associate, that was at Solomon,	18	Stevenson.
19	Zauderer, Ellenhorn, Frischer &	19	Counsel will be noted on the
20	Sharp.	20	stenographic record.
21	And I have no intention	21	The court reporter is
22	whatsoever of using any	22	Michelle Gray and she will now
23	confidential information I	23	swear in the witness.
24	obtained during the course of that	24	
	octained during the course of that		
	Page 19		Page 21
1	representation for today's	1	GEORGE STEVENSON,
2	deposition.	2	having been first duly sworn, was
3	MS. VANNI: Thank you.	3	examined and testified as follows:
4	MS. SCULLION: Just to be	4	
5	clear, my understanding that the	5	EXAMINATION
6	statement has been made on the	6	
7	record, but that there's no	7	BY MS. SCULLION:
8	intention of trying to strike the	8	Q. Good morning, Mr. Stevenson,
9	testimony or deem the deposition	9	I introduced myself to you briefly off
10	in any way unusable based on that	10	the record. And again, as you know, we
11	prior unrelated representation.	11	met before, my name is Jennifer Scullion.
12	MS. VANNI: That's based on	12	A. Good morning, Jennifer.
13	your representation that you will	13	Nice to see you.
14	not use any confidential	14	Q. Very nice to see you as
15	information, that's true.	15	well.
16	MS. SCULLION: Okay. If at	16	Mr. Stevenson, I'm going to
17	any point today there's any	17	hand you what's been marked as Exhibit
18	concern that I am, I would ask	18	Number 1.
19	that that be made vocal, so I know	19	(Document marked for
20	and we can resolve it.	20	identification as Exhibit
21	So, again, I don't want to	21	Endo-Stevenson-1.)
22	waste the witness's time, my time,	22	BY MS. SCULLION:
23	the deposition time, if there's	23	Q. Mr. Stevenson, Exhibit
24	going to be any concern about the	24	Number 1 was handed to us just before the

	Page 22		Page 24
1	deposition began today. Can you identify	1	which you were deposed before?
2	Exhibit Number 1 please?	2	A. There was I don't
3	A. It's my CV.	3	remember the year. There was an AWP
4 .	Q. Okay. So this is a copy of	4	pricing case that I gave a deposition
5	your current CV?	5	for.
6	A. Yes.	6	Q. Which which employer was
7	Q. And this is something you	7	that in connection with?
8	drafted yourself?	8	A. It was it was in
9	•		
	A. Yes.	9	conjunction with Geneva, which became
10	Q. And to the best of your	10	Sandoz, and Bristol-Myers Squibb,
11	knowledge, it's accurate and complete?	11	Apothecon also rep was represented
12	A. Yes, yes.	12	there because some of it referred to
13	Q. We're going to get into some	13	them. So it was like a dual deposition
14	of the preliminaries, but just as a	14	where both were there.
15	reminder in a deposition, if you can let	15	Q. Okay.
16	me finish my questions, and then you	16	A. And then before that I gave
17	begin your answers. The primary reason	17	several depositions with respect to
18	for that is that Michelle, our court	18	warfarin sodium in the case with BMS and
19	reporter, will otherwise not be able to	19	their Apothecon subsidiary versus Barr
20	take down both of our statements.	20	Laboratories. And before that I gave a
21	Does that make sense?	21	deposition in a private matter.
22	A. Thanks thanks for	22	Q. And putting aside
23	reminding me.	23	depositions, have you ever testified in
24	Sorry, Michelle.	24	court in connection with your employment
	, , , , , , , , , , , , , , , , , , ,		r i g
	Page 23		Page 25
1	_	1	Page 25 with Endo?
	Q. Terrific. Okay.	1 2	
2	Q. Terrific. Okay. Mr. Stevenson, have you been		with Endo? A. No.
2 3	Q. Terrific. Okay. Mr. Stevenson, have you been deposed before?	2	with Endo? A. No. Q. Have you given any any
2 3 4	Q. Terrific. Okay. Mr. Stevenson, have you been deposed before? A. Yes.	2 3 4	with Endo? A. No. Q. Have you given any any sworn testimony of any kind in writing
2 3 4 5	Q. Terrific. Okay. Mr. Stevenson, have you been deposed before? A. Yes. Q. Approximately how many	2 3 4 5	with Endo? A. No. Q. Have you given any any sworn testimony of any kind in writing with respect to your work at Endo?
2 3 4 5 6	Q. Terrific. Okay. Mr. Stevenson, have you been deposed before? A. Yes. Q. Approximately how many times?	2 3 4 5 6	with Endo? A. No. Q. Have you given any any sworn testimony of any kind in writing with respect to your work at Endo? A. No.
2 3 4 5 6 7	Q. Terrific. Okay. Mr. Stevenson, have you been deposed before? A. Yes. Q. Approximately how many times? A. Let me see, probably let	2 3 4 5 6 7	with Endo? A. No. Q. Have you given any any sworn testimony of any kind in writing with respect to your work at Endo? A. No. Q. All right. And just to
2 3 4 5 6 7 8	Q. Terrific. Okay. Mr. Stevenson, have you been deposed before? A. Yes. Q. Approximately how many times? A. Let me see, probably let me see, there was somewhere in the	2 3 4 5 6 7 8	with Endo? A. No. Q. Have you given any any sworn testimony of any kind in writing with respect to your work at Endo? A. No. Q. All right. And just to be really make sure, did you ever
2 3 4 5 6 7 8	Q. Terrific. Okay. Mr. Stevenson, have you been deposed before? A. Yes. Q. Approximately how many times? A. Let me see, probably let me see, there was somewhere in the neighborhood of five or six.	2 3 4 5 6 7 8	with Endo? A. No. Q. Have you given any any sworn testimony of any kind in writing with respect to your work at Endo? A. No. Q. All right. And just to be really make sure, did you ever testify before the New York Attorney
2 3 4 5 6 7 8 9	Q. Terrific. Okay. Mr. Stevenson, have you been deposed before? A. Yes. Q. Approximately how many times? A. Let me see, probably let me see, there was somewhere in the neighborhood of five or six. Q. Have you ever been deposed	2 3 4 5 6 7 8 9	with Endo? A. No. Q. Have you given any any sworn testimony of any kind in writing with respect to your work at Endo? A. No. Q. All right. And just to be really make sure, did you ever testify before the New York Attorney General, New York Attorney General with
2 3 4 5 6 7 8 9 10 11	Q. Terrific. Okay. Mr. Stevenson, have you been deposed before? A. Yes. Q. Approximately how many times? A. Let me see, probably let me see, there was somewhere in the neighborhood of five or six. Q. Have you ever been deposed before with respect to any opioid	2 3 4 5 6 7 8 9 10	with Endo? A. No. Q. Have you given any any sworn testimony of any kind in writing with respect to your work at Endo? A. No. Q. All right. And just to be really make sure, did you ever testify before the New York Attorney General, New York Attorney General with respect to your work for Endo?
2 3 4 5 6 7 8 9 10 11 12	Q. Terrific. Okay. Mr. Stevenson, have you been deposed before? A. Yes. Q. Approximately how many times? A. Let me see, probably let me see, there was somewhere in the neighborhood of five or six. Q. Have you ever been deposed before with respect to any opioid products?	2 3 4 5 6 7 8 9 10 11 12	with Endo? A. No. Q. Have you given any any sworn testimony of any kind in writing with respect to your work at Endo? A. No. Q. All right. And just to be really make sure, did you ever testify before the New York Attorney General, New York Attorney General with respect to your work for Endo? A. No.
2 3 4 5 6 7 8 9 10 11 12 13	Q. Terrific. Okay. Mr. Stevenson, have you been deposed before? A. Yes. Q. Approximately how many times? A. Let me see, probably let me see, there was somewhere in the neighborhood of five or six. Q. Have you ever been deposed before with respect to any opioid products? A. No.	2 3 4 5 6 7 8 9 10 11 12 13	with Endo? A. No. Q. Have you given any any sworn testimony of any kind in writing with respect to your work at Endo? A. No. Q. All right. And just to be really make sure, did you ever testify before the New York Attorney General, New York Attorney General with respect to your work for Endo? A. No. Q. Are you represented by
2 3 4 5 6 7 8 9 10 11 12 13 14	Q. Terrific. Okay. Mr. Stevenson, have you been deposed before? A. Yes. Q. Approximately how many times? A. Let me see, probably let me see, there was somewhere in the neighborhood of five or six. Q. Have you ever been deposed before with respect to any opioid products? A. No. Q. Okay. Have you ever been	2 3 4 5 6 7 8 9 10 11 12 13 14	with Endo? A. No. Q. Have you given any any sworn testimony of any kind in writing with respect to your work at Endo? A. No. Q. All right. And just to be really make sure, did you ever testify before the New York Attorney General, New York Attorney General with respect to your work for Endo? A. No. Q. Are you represented by counsel today?
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q. Terrific. Okay. Mr. Stevenson, have you been deposed before? A. Yes. Q. Approximately how many times? A. Let me see, probably let me see, there was somewhere in the neighborhood of five or six. Q. Have you ever been deposed before with respect to any opioid products? A. No. Q. Okay. Have you ever been deposed before with respect to any	2 3 4 5 6 7 8 9 10 11 12 13 14 15	with Endo? A. No. Q. Have you given any any sworn testimony of any kind in writing with respect to your work at Endo? A. No. Q. All right. And just to be really make sure, did you ever testify before the New York Attorney General, New York Attorney General with respect to your work for Endo? A. No. Q. Are you represented by counsel today? A. Yes, I am.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. Terrific. Okay. Mr. Stevenson, have you been deposed before? A. Yes. Q. Approximately how many times? A. Let me see, probably let me see, there was somewhere in the neighborhood of five or six. Q. Have you ever been deposed before with respect to any opioid products? A. No. Q. Okay. Have you ever been deposed before with respect to any controlled substances?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	with Endo? A. No. Q. Have you given any any sworn testimony of any kind in writing with respect to your work at Endo? A. No. Q. All right. And just to be really make sure, did you ever testify before the New York Attorney General, New York Attorney General with respect to your work for Endo? A. No. Q. Are you represented by counsel today? A. Yes, I am. Q. Who is that?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. Terrific. Okay. Mr. Stevenson, have you been deposed before? A. Yes. Q. Approximately how many times? A. Let me see, probably let me see, there was somewhere in the neighborhood of five or six. Q. Have you ever been deposed before with respect to any opioid products? A. No. Q. Okay. Have you ever been deposed before with respect to any controlled substances? A. No.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	with Endo? A. No. Q. Have you given any any sworn testimony of any kind in writing with respect to your work at Endo? A. No. Q. All right. And just to be really make sure, did you ever testify before the New York Attorney General, New York Attorney General with respect to your work for Endo? A. No. Q. Are you represented by counsel today? A. Yes, I am. Q. Who is that? A. McCarter English, Amy Vanni.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. Terrific. Okay. Mr. Stevenson, have you been deposed before? A. Yes. Q. Approximately how many times? A. Let me see, probably let me see, there was somewhere in the neighborhood of five or six. Q. Have you ever been deposed before with respect to any opioid products? A. No. Q. Okay. Have you ever been deposed before with respect to any controlled substances? A. No. Q. Have you been deposed at all	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	with Endo? A. No. Q. Have you given any any sworn testimony of any kind in writing with respect to your work at Endo? A. No. Q. All right. And just to be really make sure, did you ever testify before the New York Attorney General, New York Attorney General with respect to your work for Endo? A. No. Q. Are you represented by counsel today? A. Yes, I am. Q. Who is that? A. McCarter English, Amy Vanni. Q. Fantastic. Okay. And let's
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. Terrific. Okay. Mr. Stevenson, have you been deposed before? A. Yes. Q. Approximately how many times? A. Let me see, probably let me see, there was somewhere in the neighborhood of five or six. Q. Have you ever been deposed before with respect to any opioid products? A. No. Q. Okay. Have you ever been deposed before with respect to any controlled substances? A. No. Q. Have you been deposed at all with respect to any work you did with	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	with Endo? A. No. Q. Have you given any any sworn testimony of any kind in writing with respect to your work at Endo? A. No. Q. All right. And just to be really make sure, did you ever testify before the New York Attorney General, New York Attorney General, New York Attorney General with respect to your work for Endo? A. No. Q. Are you represented by counsel today? A. Yes, I am. Q. Who is that? A. McCarter English, Amy Vanni. Q. Fantastic. Okay. And let's just go over some of the basics for
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. Terrific. Okay. Mr. Stevenson, have you been deposed before? A. Yes. Q. Approximately how many times? A. Let me see, probably let me see, there was somewhere in the neighborhood of five or six. Q. Have you ever been deposed before with respect to any opioid products? A. No. Q. Okay. Have you ever been deposed before with respect to any controlled substances? A. No. Q. Have you been deposed at all	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	with Endo? A. No. Q. Have you given any any sworn testimony of any kind in writing with respect to your work at Endo? A. No. Q. All right. And just to be really make sure, did you ever testify before the New York Attorney General, New York Attorney General with respect to your work for Endo? A. No. Q. Are you represented by counsel today? A. Yes, I am. Q. Who is that? A. McCarter English, Amy Vanni. Q. Fantastic. Okay. And let's
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. Terrific. Okay. Mr. Stevenson, have you been deposed before? A. Yes. Q. Approximately how many times? A. Let me see, probably let me see, there was somewhere in the neighborhood of five or six. Q. Have you ever been deposed before with respect to any opioid products? A. No. Q. Okay. Have you ever been deposed before with respect to any controlled substances? A. No. Q. Have you been deposed at all with respect to any work you did with	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	with Endo? A. No. Q. Have you given any any sworn testimony of any kind in writing with respect to your work at Endo? A. No. Q. All right. And just to be really make sure, did you ever testify before the New York Attorney General, New York Attorney General, New York Attorney General with respect to your work for Endo? A. No. Q. Are you represented by counsel today? A. Yes, I am. Q. Who is that? A. McCarter English, Amy Vanni. Q. Fantastic. Okay. And let's just go over some of the basics for
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. Terrific. Okay. Mr. Stevenson, have you been deposed before? A. Yes. Q. Approximately how many times? A. Let me see, probably let me see, there was somewhere in the neighborhood of five or six. Q. Have you ever been deposed before with respect to any opioid products? A. No. Q. Okay. Have you ever been deposed before with respect to any controlled substances? A. No. Q. Have you been deposed at all with respect to any work you did with Endo?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	with Endo? A. No. Q. Have you given any any sworn testimony of any kind in writing with respect to your work at Endo? A. No. Q. All right. And just to be really make sure, did you ever testify before the New York Attorney General, New York Attorney General with respect to your work for Endo? A. No. Q. Are you represented by counsel today? A. Yes, I am. Q. Who is that? A. McCarter English, Amy Vanni. Q. Fantastic. Okay. And let's just go over some of the basics for deposition.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. Terrific. Okay. Mr. Stevenson, have you been deposed before? A. Yes. Q. Approximately how many times? A. Let me see, probably let me see, there was somewhere in the neighborhood of five or six. Q. Have you ever been deposed before with respect to any opioid products? A. No. Q. Okay. Have you ever been deposed before with respect to any controlled substances? A. No. Q. Have you been deposed at all with respect to any work you did with Endo? A. No.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	with Endo? A. No. Q. Have you given any any sworn testimony of any kind in writing with respect to your work at Endo? A. No. Q. All right. And just to be really make sure, did you ever testify before the New York Attorney General, New York Attorney General with respect to your work for Endo? A. No. Q. Are you represented by counsel today? A. Yes, I am. Q. Who is that? A. McCarter English, Amy Vanni. Q. Fantastic. Okay. And let's just go over some of the basics for deposition. As I said, I'm going to be
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Terrific. Okay. Mr. Stevenson, have you been deposed before? A. Yes. Q. Approximately how many times? A. Let me see, probably let me see, there was somewhere in the neighborhood of five or six. Q. Have you ever been deposed before with respect to any opioid products? A. No. Q. Okay. Have you ever been deposed before with respect to any controlled substances? A. No. Q. Have you been deposed at all with respect to any work you did with Endo? A. No. Q. All right. Can you tell me	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	with Endo? A. No. Q. Have you given any any sworn testimony of any kind in writing with respect to your work at Endo? A. No. Q. All right. And just to be really make sure, did you ever testify before the New York Attorney General, New York Attorney General with respect to your work for Endo? A. No. Q. Are you represented by counsel today? A. Yes, I am. Q. Who is that? A. McCarter English, Amy Vanni. Q. Fantastic. Okay. And let's just go over some of the basics for deposition. As I said, I'm going to be asking you questions. And I'm going to

	Page 26		Page 28
1	A. That's fine.	1	Q. And that was over the last
2	Q. Okay. So we can't have	2	week or more than a week?
3	shaking of heads and mm-hmms and	3	A. Somewhere in the
4 .	unh-unhs. Do you understand that?	4	neighborhood of the last two weeks.
5	A. I do.	5	Q. Okay. Was there anyone else
6	Q. Terrific. And as we	6	present at the meetings you had with
7	discussed, we need to try and avoid	7	Ms. Vanni?
8	talking over each other. Okay?	8	A. Yes. And then you want
9	A. I will.	9	to Sandra was there and
10	Q. Thank you. And from time to	10	MS. REESE: Kelly Reese.
11	time, Ms. Vanni may have objections.	11	BY MS. SCULLION:
12	Unless she instructs you not to answer	12	Q. Fantastic. Okay. Was there
13	and you choose to follow that	13	anyone else other than counsel?
14	instruction, you're going to need to	14	A. There was no, there
15	answer the question despite any	15	was other than counsel, no.
16	objection. Do you understand that?	16	Q. Okay. Was anyone joined by
17	A. I do.	17	phone other than counsel?
18	Q. Terrific. And is there any	18	A. No one joined by phone, no.
19	reason that you can't give your best	19	Q. Okay. And did you review
20	testimony today? For example, are you	20	documents in the course of your
21	taking any medications that might	21	preparation for today's deposition?
22	interfere with your cognitive skills	22	A. I did.
23	today?	23	Q. Did any of those documents
24	A. No.	24	refresh your recollection about any of
	11. 110.		refresh your reconcerton about any or
	Page 27		Page 29
1	Q. Okay. If at any point	1	the events that took place when you were
2	today, you don't understand a question	2	employed with Endo?
3	that I ask, would you please let me know	3	A. I would say honestly
4	that?	4	vaguely. I didn't have some I didn't
5	A. Be glad to.	5	have some, you know, burst of memory that
6	Q. Terrific. Thank you very	6	it all of the sudden jolted my brain that
7	much. Did you do anything to prepare for	7	says, oh, yeah, absolutely that's crystal
			clear now. I mean, I it came back a
8	today's deposition?	8	
9	A. I met with I met with	9	little bit. But remember we're going
10	Ms. Vanni, yes.	10	back you know, I left Endo in in
11	Q. And when was that?	11	August of 2007, so it's you know, it
12	A. Over several days in the	12	was already going it's 11 and a half
13	last couple of weeks.	13	years. It's going on 12 years.
14	Q. You say several days. Was	14	Q. I understand.
15	it more than two days?	15	A. So a lot of the I started
16	A. It might have been. I don't	16	in '03. So if you add those years in,
17	know. It depends on how you define a	17	you're looking at, you know, close to
18	day.	18	16 years.
19	Q. On how many different days,	19	Q. Understood. You said that
20	putting aside how length of day, on	20	your recollection may have been refreshed
21	how many different occasions did you meet	21	even just vaguely on some things. Can
22	with Ms. Vanni?	22	you tell me what kinds of things you have
23	A. I think a total of three	23	a little bit more recollection on having
2.4	davs	1 24	prepared?
24	days.	24	prepared?

Page 30 Page 32 1 A. I don't have any -- I can't 1 personal photographs and things of my 2 give you specific examples. Just in 2 wife and kids and left. 3 general terms, you know, I saw documents 3 Q. Okay. Terrific. Did you that, you know, some dealt with the speak with anyone else other than counsel 4 4 brand. I had nothing to do with the 5 5 in preparation for the deposition about brand. So I was -- our focus was -- my 6 6 the work that you did with Endo? 7 focus was on generics. 7 A. No. 8 Q. You say you have nothing to 8 Q. Since you left Endo, have 9 do with the brand -- I apologize. Did 9 you been in touch with any of your former 10 you finish? 10 colleagues? A. I think so, yes. 11 11 A. No. You know, they -- I'm a 12 Q. I apologize. I think I 12 big believer in antitrust. And, you 13 started to talk over you. You said you 13 know, we -- you know, I never -- as a had nothing to do with the brand. The 14 14 matter of fact I saw some yesterday when brand there, are you referring to Opana? I was there. And I haven't seen them in, 15 15 A. Well, just brands in 16 you know, 12 years, whatever it's been 16 general. Brands -- Endo had the brand --17 17 since I left. So, no, other than I would 18 Endo's brand division or group, which 18 wave to them at a convention or 19 was, you know, 95 percent of the company, 19 something, you know, we didn't have any 20 maybe more, had, you know, opioids and 20 conversations. 21 non-opioids. But they were the brand. 21 Q. You didn't have any ongoing 22 And I didn't have anything to do with 22 personal relationship with anybody? that activity. So the brands were the 23 23 2.4 brands. And they did their things. 2.4 And you said that you saw Q. Page 31 Page 33 Completely different business in some folks yesterday. So in the course 1 1 2 generics. It's completely different 2 of going for preparation for the 3 models, completely different everything. 3 deposition, you saw other folks from 4 Q. Okay. We'll look a few -- a 4 Endo? few documents later, because I think 5 5 A. As I was leaving. You know, 6 we've seen some involvement that you had 6 as I was leaving, I got to spend five or 7 with some of the branded products. We'll 7 10 minutes with former colleagues that 8 were in the -- whatever department 8 look at that a little bit later. 9 9 they're in now, at the time they were in In terms of preparing for 10 the deposition, did you yourself go back 10 the finance department. "Hi, how are and look at any documents on your own you? You know, how are you doing? You 11 11 outside of what Ms. Vanni or counsel may 12 look great." That kind of stuff. 12 Q. Got it. Who were those 13 have shown to you? 13 14 A. I don't have any documents 14 folks that you said hi to? 15 15 of my own. So there was nothing to A. They would have been Mary Jo 16 16 review. Magrone and it was -- the other one was 17 17 Q. Okay. You don't keep any Jody Travis. 18 diaries or journals that you would have 18 Q. And you said you recall them from your time at Endo; is that right? gone back to look at, or did you go back 19 19 A. Yeah, they were there when I 20 to look at? 20 21 A. I don't -- I didn't -- no, I 21 left. don't have any of those journals or 22 O. And they're -- were they in 22 2.3 diaries. Notebooks I left at Endo. When 23 the finance department when you were

24

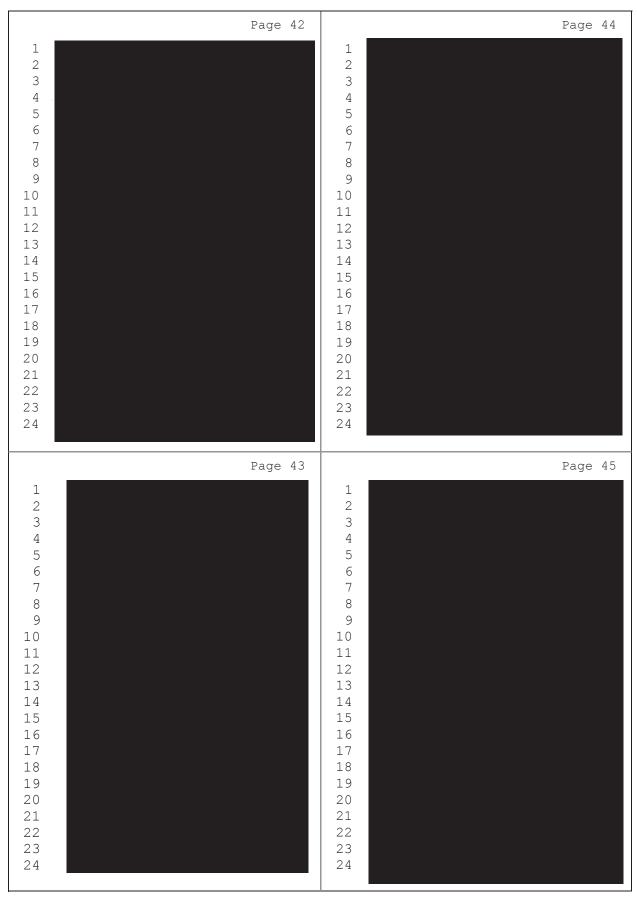
there?

I left, I left. You know, I had boxes of

24

	Page 34		Page 36
1	A. Yeah, they were in the	1	MS. VANNI: Object to form.
2	finance department.	2	THE WITNESS: I understand
3	Q. Okay. Got it. Anyone else	3	based on based on our meeting
4 .	that you that you said hello to at	4	with counsel, yes.
5	Endo?	5	MS. VANNI: I just want
6	A. Guy Donatiello, but he's	6	to I just want to remind you.
7	part of their legal counsel team. He was	7	Don't disclose anything that we
8	the he was the IP lawyer then. He's	8	personally discussed.
9	still the IP lawyer.	9	THE WITNESS: Yeah, yeah,
10	Q. Got it.	10	yeah, yeah.
11	A. Not that that's a bad thing.	11	BY MS. SCULLION:
12	Q. It's not a bad thing at all.	12	Q. Okay. Outside of this
13	Okay. At some point, I	13	litigation, are you generally familiar
14	assume you were contacted to inform you	14	with the fact that there's an opioid
15		15	epidemic in the country?
16	that you were going to be deposed in this	16	
17	case. Before you were contacted about	17	MS. VANNI: Object to form. THE WITNESS: Only what I've
	the deposition, had you heard about this	1	
18	case?	18	heard on TV that there's a problem
19	A. Vaguely, whatever I heard in	19	with opioids.
20	the press, that you know to be honest,	20	MS. SCULLION: Okay. Can I
21	not very much.	21	have the subpoena, please.
22	Q. Okay. What do you recall	22	BY MS. SCULLION:
23	hearing about it?	23	Q. Mr. Stevenson, were you
24	MS. VANNI: Object to form.	24	provided a copy of the subpoena that was
	Page 35		Page 37
1	THE WITNESS: Just the	1	served in this case for your deposition
2	various the various government	2	and documents?
3	entities were pursuing, you know,	3	A. I yes, I was I was
4		4	shown a copy, yes. Mm-hmm.
	different pharmaceutical	5	Q. Okay.
5 6	companies. More or less, that's	6	•
	just it, you know.		(Document marked for
7	BY MS. SCULLION:	7	identification as Exhibit
8	Q. Okay. And what's your	8	Endo-Stevenson-2.)
9	understanding of what the governmental	9	BY MS. SCULLION:
10	entities are pursuing the companies for?	10	Q. Let me hand you what's been
11	A. I didn't really pay that	11	marked as Exhibit Number 2. Exhibit
12	much attention to it. I'm not involved	12	Number 2, Mr. Stevenson, is a copy of the
13	with opioids. You know, when I was	13	subpoena to testify at deposition in a
14	Kremers Urban, I wasn't involved in	14	civil action. It's addressed to you,
15	opioids. Controlled drugs, yes, but not	15	care of Arnold & Porter Kaye Scholer. Do
16	opioid.	16	you understand that Arnold & Porter Kaye
17	So, you know, I didn't I	17	Scholer is also counsel for Endo in this
18	don't believe most of the stuff that I	18	case?
19	read in the press anyway. So I didn't	19	A. Yes.
20	really I didn't really focus on it.	20	Q. Okay. Terrific. And is
	Q. Do you have do you have	21	the did you see the subpoena before
21	Q. Bo you have do you have		
21 22	an understanding that the case at its	22	today's deposition?
	an understanding that the case at its	22 23	today's deposition? A. Yes.
22			* *

Page 38 Page 40 1 1 materials or educational materials from understand that in addition to asking for 2 2 your testimony, it asks for documents? Endo at home? 3 A. What kind of documents? 3 A. No. Q. Sure. Sorry. Let's go 4 4 O. Okav. 5 5 to -- on the very first page of A. Because first of all, in 6 6 Exhibit 2, you see where it says in generics, we don't do promotion. 7 italics on the left-hand side 7 Generics is a different business. That's -- the brand business does 8 "production"? 8 9 9 A. Yes. promotion. Q. And it says, "You or your 10 10 And we didn't have any 11 educational -- that's what the brand 11 representative must produce the 12 12 documents, electronically-stored does. They had educational material when 13 13 information, or objects identified in they called on physicians or whatever 14 Attachment A prior to the date of the 14 they have in their -- you know, in their 15 15 arsenal when they visited physicians. deposition but no later than February 10, But in generics we didn't have that. You 2019." 16 16 17 17 Do you see that? know, it's generics. It's more of a 18 18 shoestring operation from a cost A. Yes. 19 standpoint, pricing standpoint. So all 19 Q. Okay. And if you turn back 20 20 those things which are very expensive in Exhibit 2 to what's labeled at the top 21 21 would not be in the generics business. Attachment A. 22 A. Yes. 22 O. And then you'll see that 23 23 24 24 page, and then really the next page under Page 39 Page 41 1 Roman Numeral II, documents requested, 1 2 there's five categories of documents. 2 3 The question is just, did 3 you search for documents that might be 4 4 5 5 responsive to the subpoena? 6 A. I never had a personal 6 7 7 e-mail. I only got one when I stopped 8 working at Kremers Urban as the president 8 9 and CEO. I never had one before that. 9 10 So whatever was on my e-mail was at Endo. 10 I left it there. And they have it all. 11 11 12 So I never stored -- for that very 12 13 reason. I didn't want to have documents 13 14 at home. 14 15 15 Q. Okay. 16 A. I don't have any documents 16 17 to search for. 17 18 18 O. Terrific. And then at the 19 19 bottom of that same page, it asks for 20 tangible things, Roman Numeral III, 20 21 tangible things. 21 22 22 Yes. 23 Q. The question here is, did 23 24 you have any samples of promotional 24



12 (Pages 42 to 45)

	Page 46		Page 48
1		1	A. That's correct.
2		2	Q. Does GeneriCo currently have
3		3	any business relationships with Endo?
4 .		4	A. No.
5		5	Q. Does it have any business
6	Q. Got it. Okay.	6	relationship with Par?
7	All right. You mentioned	7	A. No.
8	that you left Endo in August of 2007.	8	Q. Is GeneriCo currently
9	And just to be sure, do you have any	9	negotiating any potential relationship
10	current financial connections with Endo	10	with either Endo or Par?
11	or Par?	11	A. No.
12		12	Q. Okay. Does GeneriCo have
13		13	
14	Q. All right. Do you hold any	14	any involvement in the pain industry? A. No.
	stock in either company?	15	
15	A. No.		Q. Okay. And and by
16	Q. Okay. Are you being paid	16 17	definition, they're also not in any
17	for your time in connection with this		opioids, correct?
18	deposition at all?	18	A. No. No opioids.
19	A. No. I tried, but no.	19	Q. All right. Okay. Do you
20	Q. Good for you.	20	currently have any positions in any
21	A. But I'll take I'll	21	industry groups other than being a member
22	definitely take a donation if you want to	22	of any industry group?
23	make one.	23	A. Nope.
24	Q. Well, do you have an	24	Q. Are you are you currently
	Page 47		Page 49
1	expectation of being paid in connection	1	personally a member of any industry
2	with your testimony?	2	groups?
3	A. No. In all seriousness, no.	3	A. No. I get an e-mail
4	Q. Okay. And I I heard what	4	everyday about the generic industry. I
5	you said, but just so we're clear on the	5	still get it from the the successor to
6	record. You have no expectation of	6	GPhA, it's now called Association of
7			
/	anvone making a donation to anvone on	7	Accessible Medicines. I still get their
	anyone making a donation to anyone on on your behalf		Accessible Medicines. I still get their daily brief or whatever it's called. But
8 9	on your behalf	8	daily brief or whatever it's called. But
8 9	on your behalf A. No.	8 9	daily brief or whatever it's called. But just, you know, that's it.
8	on your behalf A. No. Q in connection with the	8	daily brief or whatever it's called. But just, you know, that's it. Q. Is that still called The
8 9 10 11	on your behalf A. No. Q in connection with the deposition?	8 9 10 11	daily brief or whatever it's called. But just, you know, that's it. Q. Is that still called The Pink Sheet?
8 9 10 11 12	on your behalf A. No. Q in connection with the deposition? A. I'm not expecting any	8 9 10 11 12	daily brief or whatever it's called. But just, you know, that's it. Q. Is that still called The Pink Sheet? A. No. They have they have
8 9 10 11 12 13	on your behalf A. No. Q in connection with the deposition? A. I'm not expecting any remuneration from anybody.	8 9 10 11 12 13	daily brief or whatever it's called. But just, you know, that's it. Q. Is that still called The Pink Sheet? A. No. They have they have an update on everything in the
8 9 10 11 12 13 14	on your behalf A. No. Q in connection with the deposition? A. I'm not expecting any remuneration from anybody. Q. Okay. Okay. That has come	8 9 10 11 12 13 14	daily brief or whatever it's called. But just, you know, that's it. Q. Is that still called The Pink Sheet? A. No. They have they have an update on everything in the pharmaceutical business or generic
8 9 10 11 12 13 14 15	on your behalf A. No. Q in connection with the deposition? A. I'm not expecting any remuneration from anybody. Q. Okay. Okay. That has come up in recent cases. That's why I asked	8 9 10 11 12 13 14 15	daily brief or whatever it's called. But just, you know, that's it. Q. Is that still called The Pink Sheet? A. No. They have they have an update on everything in the pharmaceutical business or generic business and
8 9 10 11 12 13 14 15	on your behalf A. No. Q in connection with the deposition? A. I'm not expecting any remuneration from anybody. Q. Okay. Okay. That has come up in recent cases. That's why I asked the question. Not in this case.	8 9 10 11 12 13 14 15	daily brief or whatever it's called. But just, you know, that's it. Q. Is that still called The Pink Sheet? A. No. They have they have an update on everything in the pharmaceutical business or generic business and Q. Okay. Let's go back to
8 9 10 11 12 13 14 15 16 17	on your behalf A. No. Q in connection with the deposition? A. I'm not expecting any remuneration from anybody. Q. Okay. Okay. That has come up in recent cases. That's why I asked the question. Not in this case. MS. SCULLION: Sandra is	8 9 10 11 12 13 14 15 16 17	daily brief or whatever it's called. But just, you know, that's it. Q. Is that still called The Pink Sheet? A. No. They have they have an update on everything in the pharmaceutical business or generic business and Q. Okay. Let's go back to Exhibit Number 1, your CV.
8 9 10 11 12 13 14 15 16 17	on your behalf A. No. Q in connection with the deposition? A. I'm not expecting any remuneration from anybody. Q. Okay. Okay. That has come up in recent cases. That's why I asked the question. Not in this case. MS. SCULLION: Sandra is looking at me like what is she	8 9 10 11 12 13 14 15 16 17 18	daily brief or whatever it's called. But just, you know, that's it. Q. Is that still called The Pink Sheet? A. No. They have they have an update on everything in the pharmaceutical business or generic business and Q. Okay. Let's go back to Exhibit Number 1, your CV. A. Sure.
8 9 10 11 12 13 14 15 16 17 18	on your behalf A. No. Q in connection with the deposition? A. I'm not expecting any remuneration from anybody. Q. Okay. Okay. That has come up in recent cases. That's why I asked the question. Not in this case. MS. SCULLION: Sandra is looking at me like what is she talking about.	8 9 10 11 12 13 14 15 16 17 18	daily brief or whatever it's called. But just, you know, that's it. Q. Is that still called The Pink Sheet? A. No. They have they have an update on everything in the pharmaceutical business or generic business and Q. Okay. Let's go back to Exhibit Number 1, your CV. A. Sure. Q. And as we go through today,
8 9 10 11 12 13 14 15 16 17 18 19 20	on your behalf A. No. Q in connection with the deposition? A. I'm not expecting any remuneration from anybody. Q. Okay. Okay. That has come up in recent cases. That's why I asked the question. Not in this case. MS. SCULLION: Sandra is looking at me like what is she talking about. MS. VANNI: Yeah.	8 9 10 11 12 13 14 15 16 17 18 19 20	daily brief or whatever it's called. But just, you know, that's it. Q. Is that still called The Pink Sheet? A. No. They have they have an update on everything in the pharmaceutical business or generic business and Q. Okay. Let's go back to Exhibit Number 1, your CV. A. Sure. Q. And as we go through today, just, it will help to keep a pile of
8 9 10 11 12 13 14 15 16 17 18 19 20 21	on your behalf A. No. Q in connection with the deposition? A. I'm not expecting any remuneration from anybody. Q. Okay. Okay. That has come up in recent cases. That's why I asked the question. Not in this case. MS. SCULLION: Sandra is looking at me like what is she talking about. MS. VANNI: Yeah. BY MS. SCULLION:	8 9 10 11 12 13 14 15 16 17 18 19 20 21	daily brief or whatever it's called. But just, you know, that's it. Q. Is that still called The Pink Sheet? A. No. They have they have an update on everything in the pharmaceutical business or generic business and Q. Okay. Let's go back to Exhibit Number 1, your CV. A. Sure. Q. And as we go through today, just, it will help to keep a pile of exhibits. Because we might come back to
8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	on your behalf A. No. Q in connection with the deposition? A. I'm not expecting any remuneration from anybody. Q. Okay. Okay. That has come up in recent cases. That's why I asked the question. Not in this case. MS. SCULLION: Sandra is looking at me like what is she talking about. MS. VANNI: Yeah. BY MS. SCULLION: Q. You currently for I'm	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	daily brief or whatever it's called. But just, you know, that's it. Q. Is that still called The Pink Sheet? A. No. They have they have an update on everything in the pharmaceutical business or generic business and Q. Okay. Let's go back to Exhibit Number 1, your CV. A. Sure. Q. And as we go through today, just, it will help to keep a pile of exhibits. Because we might come back to them.
8 9 10 11 12 13 14 15 16 17 18 19 20 21	on your behalf A. No. Q in connection with the deposition? A. I'm not expecting any remuneration from anybody. Q. Okay. Okay. That has come up in recent cases. That's why I asked the question. Not in this case. MS. SCULLION: Sandra is looking at me like what is she talking about. MS. VANNI: Yeah. BY MS. SCULLION:	8 9 10 11 12 13 14 15 16 17 18 19 20 21	daily brief or whatever it's called. But just, you know, that's it. Q. Is that still called The Pink Sheet? A. No. They have they have an update on everything in the pharmaceutical business or generic business and Q. Okay. Let's go back to Exhibit Number 1, your CV. A. Sure. Q. And as we go through today, just, it will help to keep a pile of exhibits. Because we might come back to

		Ι	
	Page 50		Page 52
1	heads-up there.	1	products, right?
2	So just just starting	2	A. No opioids, no.
3	back on the last page of Exhibit 1,	3	Q. Okay. And then you went to
4 .	you you, it looks like, were born and	4	United Research Laboratories, right?
5	raised in Philly?	5	A. Correct.
6	A. No. Actually I was born in	6	Q. It says you were group
7	Haddington, Scotland, but	7	manager for contracts, marketing, and
8	Q. Okay.	8	pricing. Did did that position have
9	A I was six weeks old when	9	anything to do with any opioid products?
10	I came over. My parents came over.	10	A. We may have had a C-V or
11	Q. Terrific. And then you were	11	C-IV drug. But, you know, it's a long
12	raised here?	12	time ago. I don't remember.
13	A. Yeah, I grew up in Northeast	13	Q. Okay.
14	Philadelphia.	14	A. It was we didn't have
15	Q. Okay. And you then you	15	C-II.
16	went to St. Joe's?	16	Q. And just so we're all clear,
17	A. Yes.	17	C-II, C-IV, C-V, these are references to
18	Q. And on to Drexel, right?	18	the schedules under the federal
19	A. Yeah.	19	Controlled Substances Act, correct?
20		20	
21	Q. All right. I also see that	21	A. Right, yes.
22	you, for a period good period of time,	1	Q. And C-II, that is a fairly
	you were an associate professor at Drexel	22	restricted category that's scheduled,
23	for economics and marketing; is that	23	correct?
24	right?	24	A. Very restricted.
	Page 51		Page 53
1	A. 15 years, yeah.	1	Q. Okay. And we're going to
2	Q. Terrific. And did you	2	talk about them more, but some of the
3	include teaching there on pharmaceutical	3	products that you were involved with at
4	marketing?	4	Endo were were C-II products, correct?
5	A. No, no, no. I taught	5	A. Correct.
6	economics. I taught undergraduate	6	Q. So Endocet was a C-II
7	well, the marketing was related into a	7	product, correct?
8	couple economics courses. It wasn't a	8	A. Correct.
9	direct marketing course.	9	Q. Sorry. Morphine sulfate
10	Q. Okay.	10	extended-release was a C-II, correct?
11	A. It was mostly microeconomics	11	A. Correct.
12	and macroeconomics, and then some	12	Q. Generic oxycodone ER was a
13	international business courses which were	13	C-II, correct?
14	more marketing oriented so that's why I	14	A. Correct.
15	wrote that.	15	Q. Okay. And then we we
16		16	•
17	Q. Terrific. Okay. And then	17	said Endocet, Endo was also selling
	just looking back at your employment		Percocet at the time you were working
18	history, you start off at ASTM, right,	18	with them?
19	for a period?	19	A. That was the brand.
20	A. Correct.	20	Q. Right.
21	Q. You went onto SUN Company?	21	A. Okay.
22	A. Right.	22	Q. That was a brand. That was
23	Q. Neither of those positions	23	a C-II, correct?
24	obviously involved any any opioid	24	A. Yes.

	Page 54		Page 56
-	_		
1	Q. All right. And that was the	1	Q. Okay. And but you recall
2	brand equivalent of Endocet, right?	2	that Opana and Opana ER were also C-II
3	A. Well, actually Endocet was	3	products?
4 .	the generic equivalent of Percocet.	4	A. Yes.
5	That's	5	Q. Okay. Okay. So sorry.
6	Q. Well put. Okay.	6	So after your position at
7	And and each of those,	7	United Research Labs, you then joined
8	they were an oxycodone APAP combo	8	Apothecon, which was a division of
9	product; is that right?	9	Bristol-Myers Squibb, correct?
10	A. Oxycodone IR was	10	A. Yeah. Mm-hmm.
11	acetaminophen, or APAP combo product,	11	Q. All right. And you were
12	yeah.	12	there from 1996 to 2000, correct?
13	Q. Right. Thank you.	13	A. Correct.
14	A. For with respect to	14	Q. And your time there did not
15	Endocet.	15	involve any controlled substances,
16	Q. Understood.	16	correct?
17	A. And Percocet.	17	A. No controlled substances.
18	Q. Right.	18	Q. Okay. And then moving ahead
19	A. Percocet was was the	19	to Page 2 of your CV.
20	brand name for the generic chemical	20	A. Excuse me. Can I go back?
21	entity.	21	Q. Yes, go ahead. Absolutely.
22	Q. Right. And then I mentioned	22	A. You controlled substances
23	earlier Opana. You recall that while you	23	or opioids?
24	were employed with Endo, it sold two	24	Q. Let's just start with
	r system and		
	Page 55		Daga 57
			Page 57
1	_	1	let's talk about opioids. Any opioids
1 2	products, one called Opana, and another	1 2	
1 2 3	products, one called Opana, and another one called Opana ER?	1	let's talk about opioids. Any opioids
2	products, one called Opana, and another one called Opana ER? A. I had nothing yeah, I	2	let's talk about opioids. Any opioids at at Apothecon?
2 3 4	products, one called Opana, and another one called Opana ER?	2 3	let's talk about opioids. Any opioids at at Apothecon? A. No. For the record, they did have a controlled substance which was
2	products, one called Opana, and another one called Opana ER? A. I had nothing yeah, I they were selling it, but I had nothing to do with that.	2 3 4	let's talk about opioids. Any opioids at at Apothecon? A. No. For the record, they
2 3 4 5	products, one called Opana, and another one called Opana ER? A. I had nothing yeah, I they were selling it, but I had nothing to do with that. Q. Okay. And I'm just if	2 3 4 5	let's talk about opioids. Any opioids at at Apothecon? A. No. For the record, they did have a controlled substance which was methylplenidate which is a C-II, but it's for attention deficit.
2 3 4 5 6 7	products, one called Opana, and another one called Opana ER? A. I had nothing yeah, I they were selling it, but I had nothing to do with that. Q. Okay. And I'm just if you can just answer the questions as I	2 3 4 5 6	let's talk about opioids. Any opioids at at Apothecon? A. No. For the record, they did have a controlled substance which was methylplenidate which is a C-II, but it's for attention deficit. Q. Thank you very much. I
2 3 4 5 6 7 8	products, one called Opana, and another one called Opana ER? A. I had nothing yeah, I they were selling it, but I had nothing to do with that. Q. Okay. And I'm just if you can just answer the questions as I ask them. I if you don't have	2 3 4 5 6 7	let's talk about opioids. Any opioids at at Apothecon? A. No. For the record, they did have a controlled substance which was methylplenidate which is a C-II, but it's for attention deficit. Q. Thank you very much. I appreciate that.
2 3 4 5 6 7 8 9	products, one called Opana, and another one called Opana ER? A. I had nothing yeah, I they were selling it, but I had nothing to do with that. Q. Okay. And I'm just if you can just answer the questions as I ask them. I if you don't have anything to do with it, you'll let me	2 3 4 5 6 7 8	let's talk about opioids. Any opioids at at Apothecon? A. No. For the record, they did have a controlled substance which was methylplenidate which is a C-II, but it's for attention deficit. Q. Thank you very much. I appreciate that. And then you joined, after
2 3 4 5 6 7 8 9	products, one called Opana, and another one called Opana ER? A. I had nothing yeah, I they were selling it, but I had nothing to do with that. Q. Okay. And I'm just if you can just answer the questions as I ask them. I if you don't have anything to do with it, you'll let me know. But I'm just making sure you	2 3 4 5 6 7 8	let's talk about opioids. Any opioids at at Apothecon? A. No. For the record, they did have a controlled substance which was methylplenidate which is a C-II, but it's for attention deficit. Q. Thank you very much. I appreciate that.
2 3 4 5 6 7 8 9 10	products, one called Opana, and another one called Opana ER? A. I had nothing yeah, I they were selling it, but I had nothing to do with that. Q. Okay. And I'm just if you can just answer the questions as I ask them. I if you don't have anything to do with it, you'll let me know. But I'm just making sure you recall that they sold those products.	2 3 4 5 6 7 8 9	let's talk about opioids. Any opioids at at Apothecon? A. No. For the record, they did have a controlled substance which was methylplenidate which is a C-II, but it's for attention deficit. Q. Thank you very much. I appreciate that. And then you joined, after Apothecon, you joined Sandoz, correct? A. Yes.
2 3 4 5 6 7 8 9 10 11	products, one called Opana, and another one called Opana ER? A. I had nothing yeah, I they were selling it, but I had nothing to do with that. Q. Okay. And I'm just if you can just answer the questions as I ask them. I if you don't have anything to do with it, you'll let me know. But I'm just making sure you recall that they sold those products. A. Yes. Yeah.	2 3 4 5 6 7 8 9 10 11 12	let's talk about opioids. Any opioids at at Apothecon? A. No. For the record, they did have a controlled substance which was methylplenidate which is a C-II, but it's for attention deficit. Q. Thank you very much. I appreciate that. And then you joined, after Apothecon, you joined Sandoz, correct? A. Yes. Q. All right. And at Sandoz
2 3 4 5 6 7 8 9 10 11 12 13	products, one called Opana, and another one called Opana ER? A. I had nothing yeah, I they were selling it, but I had nothing to do with that. Q. Okay. And I'm just if you can just answer the questions as I ask them. I if you don't have anything to do with it, you'll let me know. But I'm just making sure you recall that they sold those products. A. Yes. Yeah. Q. Okay.	2 3 4 5 6 7 8 9 10 11 12 13	let's talk about opioids. Any opioids at at Apothecon? A. No. For the record, they did have a controlled substance which was methylplenidate which is a C-II, but it's for attention deficit. Q. Thank you very much. I appreciate that. And then you joined, after Apothecon, you joined Sandoz, correct? A. Yes. Q. All right. And at Sandoz did you have responsibility for any
2 3 4 5 6 7 8 9 10 11 12 13 14	products, one called Opana, and another one called Opana ER? A. I had nothing yeah, I they were selling it, but I had nothing to do with that. Q. Okay. And I'm just if you can just answer the questions as I ask them. I if you don't have anything to do with it, you'll let me know. But I'm just making sure you recall that they sold those products. A. Yes. Yeah. Q. Okay. A. So the the answer, to be	2 3 4 5 6 7 8 9 10 11 12 13 14	let's talk about opioids. Any opioids at at Apothecon? A. No. For the record, they did have a controlled substance which was methylplenidate which is a C-II, but it's for attention deficit. Q. Thank you very much. I appreciate that. And then you joined, after Apothecon, you joined Sandoz, correct? A. Yes. Q. All right. And at Sandoz did you have responsibility for any opioid products?
2 3 4 5 6 7 8 9 10 11 12 13 14 15	products, one called Opana, and another one called Opana ER? A. I had nothing yeah, I they were selling it, but I had nothing to do with that. Q. Okay. And I'm just if you can just answer the questions as I ask them. I if you don't have anything to do with it, you'll let me know. But I'm just making sure you recall that they sold those products. A. Yes. Yeah. Q. Okay. A. So the the answer, to be clear, they sold the products	2 3 4 5 6 7 8 9 10 11 12 13 14 15	let's talk about opioids. Any opioids at at Apothecon? A. No. For the record, they did have a controlled substance which was methylplenidate which is a C-II, but it's for attention deficit. Q. Thank you very much. I appreciate that. And then you joined, after Apothecon, you joined Sandoz, correct? A. Yes. Q. All right. And at Sandoz did you have responsibility for any opioid products? A. No. I have to think about
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	products, one called Opana, and another one called Opana ER? A. I had nothing yeah, I they were selling it, but I had nothing to do with that. Q. Okay. And I'm just if you can just answer the questions as I ask them. I if you don't have anything to do with it, you'll let me know. But I'm just making sure you recall that they sold those products. A. Yes. Yeah. Q. Okay. A. So the the answer, to be clear, they sold the products Q. Right.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	let's talk about opioids. Any opioids at at Apothecon? A. No. For the record, they did have a controlled substance which was methylplenidate which is a C-II, but it's for attention deficit. Q. Thank you very much. I appreciate that. And then you joined, after Apothecon, you joined Sandoz, correct? A. Yes. Q. All right. And at Sandoz did you have responsibility for any opioid products? A. No. I have to think about it. Excuse me, I have to think about it
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	products, one called Opana, and another one called Opana ER? A. I had nothing yeah, I they were selling it, but I had nothing to do with that. Q. Okay. And I'm just if you can just answer the questions as I ask them. I if you don't have anything to do with it, you'll let me know. But I'm just making sure you recall that they sold those products. A. Yes. Yeah. Q. Okay. A. So the the answer, to be clear, they sold the products Q. Right. A that was the brand	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	let's talk about opioids. Any opioids at at Apothecon? A. No. For the record, they did have a controlled substance which was methylplenidate which is a C-II, but it's for attention deficit. Q. Thank you very much. I appreciate that. And then you joined, after Apothecon, you joined Sandoz, correct? A. Yes. Q. All right. And at Sandoz did you have responsibility for any opioid products? A. No. I have to think about it. Excuse me, I have to think about it for one moment.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	products, one called Opana, and another one called Opana ER? A. I had nothing yeah, I they were selling it, but I had nothing to do with that. Q. Okay. And I'm just if you can just answer the questions as I ask them. I if you don't have anything to do with it, you'll let me know. But I'm just making sure you recall that they sold those products. A. Yes. Yeah. Q. Okay. A. So the the answer, to be clear, they sold the products Q. Right. A that was the brand people.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	let's talk about opioids. Any opioids at at Apothecon? A. No. For the record, they did have a controlled substance which was methylplenidate which is a C-II, but it's for attention deficit. Q. Thank you very much. I appreciate that. And then you joined, after Apothecon, you joined Sandoz, correct? A. Yes. Q. All right. And at Sandoz did you have responsibility for any opioid products? A. No. I have to think about it. Excuse me, I have to think about it for one moment. Q. Sure.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	products, one called Opana, and another one called Opana ER? A. I had nothing yeah, I they were selling it, but I had nothing to do with that. Q. Okay. And I'm just if you can just answer the questions as I ask them. I if you don't have anything to do with it, you'll let me know. But I'm just making sure you recall that they sold those products. A. Yes. Yeah. Q. Okay. A. So the the answer, to be clear, they sold the products Q. Right. A that was the brand people. Q. Right.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	let's talk about opioids. Any opioids at at Apothecon? A. No. For the record, they did have a controlled substance which was methylplenidate which is a C-II, but it's for attention deficit. Q. Thank you very much. I appreciate that. And then you joined, after Apothecon, you joined Sandoz, correct? A. Yes. Q. All right. And at Sandoz did you have responsibility for any opioid products? A. No. I have to think about it. Excuse me, I have to think about it for one moment. Q. Sure. A. I would say no.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	products, one called Opana, and another one called Opana ER? A. I had nothing yeah, I they were selling it, but I had nothing to do with that. Q. Okay. And I'm just if you can just answer the questions as I ask them. I if you don't have anything to do with it, you'll let me know. But I'm just making sure you recall that they sold those products. A. Yes. Yeah. Q. Okay. A. So the the answer, to be clear, they sold the products Q. Right. A that was the brand people. Q. Right. A. I didn't have anything to do	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	let's talk about opioids. Any opioids at at Apothecon? A. No. For the record, they did have a controlled substance which was methylplenidate which is a C-II, but it's for attention deficit. Q. Thank you very much. I appreciate that. And then you joined, after Apothecon, you joined Sandoz, correct? A. Yes. Q. All right. And at Sandoz did you have responsibility for any opioid products? A. No. I have to think about it. Excuse me, I have to think about it for one moment. Q. Sure. A. I would say no. Q. Okay. If at any if at
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	products, one called Opana, and another one called Opana ER? A. I had nothing yeah, I they were selling it, but I had nothing to do with that. Q. Okay. And I'm just if you can just answer the questions as I ask them. I if you don't have anything to do with it, you'll let me know. But I'm just making sure you recall that they sold those products. A. Yes. Yeah. Q. Okay. A. So the the answer, to be clear, they sold the products Q. Right. A that was the brand people. Q. Right. A. I didn't have anything to do with generics.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	let's talk about opioids. Any opioids at at Apothecon? A. No. For the record, they did have a controlled substance which was methylplenidate which is a C-II, but it's for attention deficit. Q. Thank you very much. I appreciate that. And then you joined, after Apothecon, you joined Sandoz, correct? A. Yes. Q. All right. And at Sandoz did you have responsibility for any opioid products? A. No. I have to think about it. Excuse me, I have to think about it for one moment. Q. Sure. A. I would say no. Q. Okay. If at any if at some point today, it occurs to you, will
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	products, one called Opana, and another one called Opana ER? A. I had nothing yeah, I they were selling it, but I had nothing to do with that. Q. Okay. And I'm just if you can just answer the questions as I ask them. I if you don't have anything to do with it, you'll let me know. But I'm just making sure you recall that they sold those products. A. Yes. Yeah. Q. Okay. A. So the the answer, to be clear, they sold the products Q. Right. A that was the brand people. Q. Right. A. I didn't have anything to do with generics. Q. Okay.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	let's talk about opioids. Any opioids at at Apothecon? A. No. For the record, they did have a controlled substance which was methylplenidate which is a C-II, but it's for attention deficit. Q. Thank you very much. I appreciate that. And then you joined, after Apothecon, you joined Sandoz, correct? A. Yes. Q. All right. And at Sandoz did you have responsibility for any opioid products? A. No. I have to think about it. Excuse me, I have to think about it for one moment. Q. Sure. A. I would say no. Q. Okay. If at any if at some point today, it occurs to you, will you just let me know?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	products, one called Opana, and another one called Opana ER? A. I had nothing yeah, I they were selling it, but I had nothing to do with that. Q. Okay. And I'm just if you can just answer the questions as I ask them. I if you don't have anything to do with it, you'll let me know. But I'm just making sure you recall that they sold those products. A. Yes. Yeah. Q. Okay. A. So the the answer, to be clear, they sold the products Q. Right. A that was the brand people. Q. Right. A. I didn't have anything to do with generics. Q. Okay. A. So it wasn't a generic	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	let's talk about opioids. Any opioids at at Apothecon? A. No. For the record, they did have a controlled substance which was methylplenidate which is a C-II, but it's for attention deficit. Q. Thank you very much. I appreciate that. And then you joined, after Apothecon, you joined Sandoz, correct? A. Yes. Q. All right. And at Sandoz did you have responsibility for any opioid products? A. No. I have to think about it. Excuse me, I have to think about it for one moment. Q. Sure. A. I would say no. Q. Okay. If at any if at some point today, it occurs to you, will you just let me know? A. Be glad to.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	products, one called Opana, and another one called Opana ER? A. I had nothing yeah, I they were selling it, but I had nothing to do with that. Q. Okay. And I'm just if you can just answer the questions as I ask them. I if you don't have anything to do with it, you'll let me know. But I'm just making sure you recall that they sold those products. A. Yes. Yeah. Q. Okay. A. So the the answer, to be clear, they sold the products Q. Right. A that was the brand people. Q. Right. A. I didn't have anything to do with generics. Q. Okay.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	let's talk about opioids. Any opioids at at Apothecon? A. No. For the record, they did have a controlled substance which was methylplenidate which is a C-II, but it's for attention deficit. Q. Thank you very much. I appreciate that. And then you joined, after Apothecon, you joined Sandoz, correct? A. Yes. Q. All right. And at Sandoz did you have responsibility for any opioid products? A. No. I have to think about it. Excuse me, I have to think about it for one moment. Q. Sure. A. I would say no. Q. Okay. If at any if at some point today, it occurs to you, will you just let me know?

	Page 58		Page 60
1	And then and then after	1	let's say, November or somewhere in that
2	Sandoz, you joined Endo Pharmaceuticals.	2	time frame of '06 until the time I left,
3	And that was in 2003, correct?	3	I then had trade affairs.
4 .	A. That's correct.	4	Q. Okay. And you've used the
5	Q. All right. And you stayed	5	terms trade and retail. Those refer to
6	with Endo, you said, August 2007, right?	6	the same thing, and that is the chains?
7	A. Correct.	7	A. Chains and wholesalers,
8	Q. And were you vice president	8	yeah.
9	generics business and trade affairs for	9	Q. Okay.
10	that entire period?	10	A. They're commonly called the
11	A. No. I was the vice I was	11	trade.
12	vice president of generics for the entire	12	Q. Okay. And so you so I
13	period. The trade affairs was the last,	13	just want to make sure I understand. So
14	I would say, nine months or so, ten	14	the trade/retail would include, as you
15	months. They had, like, a little	15	said, wholesalers like AmerisourceBergen,
16	reorganization at the time. At the time	16	correct?
17	when I arrived at Endo and this is	17	A. Correct.
18	just for the record, but, you know, when	18	
19		19	
20	I arrived at Endo, they had a director of	20	
	corporate accounts. And they under	1	Q. Cardinal Health?
21	corporate accounts, they had managed care	21	A. Cardinal Health.
22	accounts, which, you know, for people who	22	Q. All right. Would it also
23	don't know who they are, they're the	23	include the national chains such as Rite
24	Aetnas, CIGNAs and United Healthcares and	24	Aid?
	Page 59		Page 61
1	Blue Cross Blue Shields kind of accounts.	1	A. Yes.
2	They're called managed care.	2	Q. Walgreens?
3	And then they had what's	3	A. Yes.
4	called the trade accounts, which are the	4	Q. Walmart?
5	wholesalers, AmerisourceBergen, McKesson,	5	A. Yes.
6	those kind of accounts, plus the chains,	6	Q. Okay. So now I think I have
7	the CVS, Walgreens, Rite Aids of the	7	an understanding of what we are talking
8	world. And they had that all under	8	about.
9	corporate accounts.	9	A. And all that's commonly
10	When the director of	10	called, for ease of for those of us in
11	corporate accounts left, which I believe,	11	the business, the trade.
12	from my recollection, is sometime in late	12	Q. Fantastic. Okay.
13	2006, to pursue another opportunity, the	13	
14	feeling at the time was to segregate the	14	And before taking on the responsibilities for formally as
15	6 6	15	
16	retail accounts from the managed care	1	for trade affairs, had you had experience
17	accounts because they wanted to have more	16 17	working with the trade in the past, I
	of a focus on managed care. And they	1	think you said?
18	thought the retail accounts were a	18	A. Yes.
19	distraction to managed care for the	19	Q. Okay. All right. How did
20	individuals involved. So because of my	20	you come to join Endo in 2003?
21	knowledge and experience in retail	21	A. I was recruited.
22	accounts, they asked me to have those	22	Q. Who recruited you?
23	three people report to me.	23	A. Oh, I don't remember. It
24	So for the last from,	24	was a recruiting firm in Philadelphia.
ı		1	

	Page 62		Page 64
1	Q. Okay. It wasn't anyone	1	strategies, yeah.
2	specific at Endo that recruited you?	2	BY MS. SCULLION:
3	A. No.	3	Q. And you said you left Endo
4 .	Q. Did you know anyone at Endo	4	in August of 2007. Why did you leave
	before you joined?	5	Endo?
5		1	
6	A. I might have known them from	6	A. The opportunity to become
7	being in the business. You know, I	7	the president and CEO of Kremers Urban
8	may oh, yeah, they are at Endo. No, I	8	Pharmaceuticals.
9	didn't have any personal relationship	9	Q. Were you asked to leave
10	with anybody.	10	Endo?
11	Q. Okay. When you when you	11	A. No.
12	did join Endo, did was there anyone	12	Q. Did anyone suggest that you
13	specific within Endo who hired you?	13	leave Endo?
14	A. The decision was made by	14	A. No. Came, I think, as a
15	Peter Lankau, who was the CEO of the	15	complete shock that I left.
16		16	Q. And as you said, then you
17	company.	17	
	Q. Okay. When you joined Endo,		went straight from Endo to Kremers Urban,
18	was Carol Ammon still with the company?	18	correct?
19	A. Yes, actually, I misspoke.	19	A. Right. They were a
20	Carol Ammon was the president and CEO,	20	subsidiary of UCB, which is a
21	and Peter was the VP of business	21	Brussels-based biotech. We were the
22	operations. But Carol was phasing out,	22	generic division of the United States.
23	and Peter was going to become the new	23	Q. And you stayed with Kremers
24	CEO. So I said he was the CEO of the	24	Urban for about 11 years, through 2016.
	Page 63		Page 65
1	company. He was responsible the	1	I'm sorry, nine years to 2016.
2	hiring for my hiring into the company.	2	A. Yes.
3	Q. Okay. Carol Ammon, she was	3	Q. Bad math. Sorry about that.
			•
4	one of the cofounders of Endo; is that	4	A. That's all right. It's
5	right?	5	okay. You're forgiven.
6	A. Yes.	6	Q. Thank you. And you were
7	Q. Right. Had you did you	7	president and CEO there, as you said,
8	meet with her personally when you worked	8	
9		1	correct?
_	at Endo?	9	A. Correct.
10		1	
	at Endo?	9	A. Correct.
10	at Endo? A. Oh, yes. Yes. I went through the interview process with her.	9	A. Correct. Q. Did Kremers Urban Pharmaceuticals, while you were president
10 11 12	at Endo? A. Oh, yes. Yes. I went through the interview process with her. Q. Fair to say Ms. Ammon was	9 10 11 12	A. Correct. Q. Did Kremers Urban Pharmaceuticals, while you were president and CEO, sell any opioid products?
10 11 12 13	at Endo? A. Oh, yes. Yes. I went through the interview process with her. Q. Fair to say Ms. Ammon was very knowledgeable about her business?	9 10 11 12 13	A. Correct. Q. Did Kremers Urban Pharmaceuticals, while you were president and CEO, sell any opioid products? A. No.
10 11 12 13 14	at Endo? A. Oh, yes. Yes. I went through the interview process with her. Q. Fair to say Ms. Ammon was very knowledgeable about her business? MS. VANNI: Objection to	9 10 11 12 13 14	A. Correct. Q. Did Kremers Urban Pharmaceuticals, while you were president and CEO, sell any opioid products? A. No. Q. And did it have any
10 11 12 13 14 15	at Endo? A. Oh, yes. Yes. I went through the interview process with her. Q. Fair to say Ms. Ammon was very knowledgeable about her business? MS. VANNI: Objection to form.	9 10 11 12 13 14 15	A. Correct. Q. Did Kremers Urban Pharmaceuticals, while you were president and CEO, sell any opioid products? A. No. Q. And did it have any relationship with Endo during that
10 11 12 13 14 15 16	at Endo? A. Oh, yes. Yes. I went through the interview process with her. Q. Fair to say Ms. Ammon was very knowledgeable about her business? MS. VANNI: Objection to form. THE WITNESS: She was very	9 10 11 12 13 14 15	A. Correct. Q. Did Kremers Urban Pharmaceuticals, while you were president and CEO, sell any opioid products? A. No. Q. And did it have any relationship with Endo during that period?
10 11 12 13 14 15 16 17	at Endo? A. Oh, yes. Yes. I went through the interview process with her. Q. Fair to say Ms. Ammon was very knowledgeable about her business? MS. VANNI: Objection to form. THE WITNESS: She was very knowledgeable, yes.	9 10 11 12 13 14 15 16 17	A. Correct. Q. Did Kremers Urban Pharmaceuticals, while you were president and CEO, sell any opioid products? A. No. Q. And did it have any relationship with Endo during that period? A. No.
10 11 12 13 14 15 16 17 18	at Endo? A. Oh, yes. Yes. I went through the interview process with her. Q. Fair to say Ms. Ammon was very knowledgeable about her business? MS. VANNI: Objection to form. THE WITNESS: She was very knowledgeable, yes. BY MS. SCULLION:	9 10 11 12 13 14 15 16 17	A. Correct. Q. Did Kremers Urban Pharmaceuticals, while you were president and CEO, sell any opioid products? A. No. Q. And did it have any relationship with Endo during that period? A. No. Q. With Par?
10 11 12 13 14 15 16 17 18	at Endo? A. Oh, yes. Yes. I went through the interview process with her. Q. Fair to say Ms. Ammon was very knowledgeable about her business? MS. VANNI: Objection to form. THE WITNESS: She was very knowledgeable, yes. BY MS. SCULLION: Q. She was, to your knowledge,	9 10 11 12 13 14 15 16 17 18	A. Correct. Q. Did Kremers Urban Pharmaceuticals, while you were president and CEO, sell any opioid products? A. No. Q. And did it have any relationship with Endo during that period? A. No. Q. With Par? A. No.
10 11 12 13 14 15 16 17 18 19 20	at Endo? A. Oh, yes. Yes. I went through the interview process with her. Q. Fair to say Ms. Ammon was very knowledgeable about her business? MS. VANNI: Objection to form. THE WITNESS: She was very knowledgeable, yes. BY MS. SCULLION: Q. She was, to your knowledge, pretty involved in the strategies that	9 10 11 12 13 14 15 16 17 18 19 20	A. Correct. Q. Did Kremers Urban Pharmaceuticals, while you were president and CEO, sell any opioid products? A. No. Q. And did it have any relationship with Endo during that period? A. No. Q. With Par? A. No. Q. And then you left Kremers
10 11 12 13 14 15 16 17 18 19 20 21	at Endo? A. Oh, yes. Yes. I went through the interview process with her. Q. Fair to say Ms. Ammon was very knowledgeable about her business? MS. VANNI: Objection to form. THE WITNESS: She was very knowledgeable, yes. BY MS. SCULLION: Q. She was, to your knowledge,	9 10 11 12 13 14 15 16 17 18 19 20 21	A. Correct. Q. Did Kremers Urban Pharmaceuticals, while you were president and CEO, sell any opioid products? A. No. Q. And did it have any relationship with Endo during that period? A. No. Q. With Par? A. No.
10 11 12 13 14 15 16 17 18 19 20	at Endo? A. Oh, yes. Yes. I went through the interview process with her. Q. Fair to say Ms. Ammon was very knowledgeable about her business? MS. VANNI: Objection to form. THE WITNESS: She was very knowledgeable, yes. BY MS. SCULLION: Q. She was, to your knowledge, pretty involved in the strategies that	9 10 11 12 13 14 15 16 17 18 19 20	A. Correct. Q. Did Kremers Urban Pharmaceuticals, while you were president and CEO, sell any opioid products? A. No. Q. And did it have any relationship with Endo during that period? A. No. Q. With Par? A. No. Q. And then you left Kremers
10 11 12 13 14 15 16 17 18 19 20 21	at Endo? A. Oh, yes. Yes. I went through the interview process with her. Q. Fair to say Ms. Ammon was very knowledgeable about her business? MS. VANNI: Objection to form. THE WITNESS: She was very knowledgeable, yes. BY MS. SCULLION: Q. She was, to your knowledge, pretty involved in the strategies that helped get Endo off the ground?	9 10 11 12 13 14 15 16 17 18 19 20 21	A. Correct. Q. Did Kremers Urban Pharmaceuticals, while you were president and CEO, sell any opioid products? A. No. Q. And did it have any relationship with Endo during that period? A. No. Q. With Par? A. No. Q. And then you left Kremers Urban I'm sorry, when did you leave
10 11 12 13 14 15 16 17 18 19 20 21 22	at Endo? A. Oh, yes. Yes. I went through the interview process with her. Q. Fair to say Ms. Ammon was very knowledgeable about her business? MS. VANNI: Objection to form. THE WITNESS: She was very knowledgeable, yes. BY MS. SCULLION: Q. She was, to your knowledge, pretty involved in the strategies that helped get Endo off the ground? MS. VANNI: Object to form. THE WITNESS: I would say	9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Correct. Q. Did Kremers Urban Pharmaceuticals, while you were president and CEO, sell any opioid products? A. No. Q. And did it have any relationship with Endo during that period? A. No. Q. With Par? A. No. Q. And then you left Kremers Urban I'm sorry, when did you leave Kremers Urban? It says 2016. But when? A. I left when Lannett acquired
10 11 12 13 14 15 16 17 18 19 20 21 22 23	at Endo? A. Oh, yes. Yes. I went through the interview process with her. Q. Fair to say Ms. Ammon was very knowledgeable about her business? MS. VANNI: Objection to form. THE WITNESS: She was very knowledgeable, yes. BY MS. SCULLION: Q. She was, to your knowledge, pretty involved in the strategies that helped get Endo off the ground? MS. VANNI: Object to form.	9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Correct. Q. Did Kremers Urban Pharmaceuticals, while you were president and CEO, sell any opioid products? A. No. Q. And did it have any relationship with Endo during that period? A. No. Q. With Par? A. No. Q. And then you left Kremers Urban I'm sorry, when did you leave Kremers Urban? It says 2016. But when?

	Page 66		Page 68
1	you know, I left. They had a CEO, and I	1	identification as Exhibit
2	had a contract and employment agreement.	2	Endo-Stevenson-3.)
3	And so, you know, I was a we had a	3	BY MS. SCULLION:
4 .	mutual understanding that it was you	4	Q. I want to hand you what's
5	know, as I told their CEO, there can only	5	been marked as Exhibit Number 3.
6	be one CEO at a time. So I understood.	6	A. Okay.
7	So I had a noncompete for a	7	Q. And, Mr. Stevenson, do you
8	year, and then I was asked I had the	8	see Exhibit Number 3 is, I'll represent
9	opportunity to become the chairman of the	9	to you it's a printout from GeneriCo's
10	board of GeneriCo, which is a generic	10	website. It's a description of the board
11	startup. And I'm still in that capacity	11	of directors. Have you seen this before?
12	to this day.	12	A. Probably. Not in printed
13	Q. Got it. And just so I	13	form. But yes.
14	think you mentioned, but in sometime	14	Q. All right. You see at the
15	in 2016, Lannett acquired Kremers Urban;	15	bottom of the first page, the heading,
16	is that right?	16	board of directors, and on the left-hand
17	A. No.	17	side, that's you, George R. Stevenson,
18	Q. 2015?	18	chairman of the board, correct?
19	A. 2015.	19	
20	Q. Right.	20	A. That's me, yes.
21	A. I think the transaction was	21	Q. All right. And then there's
22	announced in September. And the close	22	a brief bio under your name that starts
23	was on or about December 1st of 2015.	23	at the bottom of the first page, and it
24	Q. Yes.	24	continues onto the next page. I just
24	Q. 16s.	24	want to confirm that you agree with
	Page 67		Page 69
1	_	1	Page 69 what's stated in the bio here.
	A. By the time that I processed		what's stated in the bio here.
1 2 3	A. By the time that I processed the paperwork and all that stuff, it was	2	what's stated in the bio here. It says in the second
2	A. By the time that I processed the paperwork and all that stuff, it was into 2016 when I left, officially left		what's stated in the bio here. It says in the second sentence, "Mr. Stevenson brings deep
2 3 4	A. By the time that I processed the paperwork and all that stuff, it was into 2016 when I left, officially left the company.	2 3 4	what's stated in the bio here. It says in the second sentence, "Mr. Stevenson brings deep generic and brand pharmaceutical
2 3	A. By the time that I processed the paperwork and all that stuff, it was into 2016 when I left, officially left the company. Q. Okay. And then you said you	2 3	what's stated in the bio here. It says in the second sentence, "Mr. Stevenson brings deep generic and brand pharmaceutical experience to the GeneriCo board and is a
2 3 4 5	A. By the time that I processed the paperwork and all that stuff, it was into 2016 when I left, officially left the company. Q. Okay. And then you said you had a noncompete. So you just sort of	2 3 4 5	what's stated in the bio here. It says in the second sentence, "Mr. Stevenson brings deep generic and brand pharmaceutical experience to the GeneriCo board and is a seasoned and successful executive with
2 3 4 5 6 7	A. By the time that I processed the paperwork and all that stuff, it was into 2016 when I left, officially left the company. Q. Okay. And then you said you had a noncompete. So you just sort of didn't have employment for that year	2 3 4 5 6	what's stated in the bio here. It says in the second sentence, "Mr. Stevenson brings deep generic and brand pharmaceutical experience to the GeneriCo board and is a seasoned and successful executive with over 20 years of leadership in this
2 3 4 5 6 7 8	A. By the time that I processed the paperwork and all that stuff, it was into 2016 when I left, officially left the company. Q. Okay. And then you said you had a noncompete. So you just sort of didn't have employment for that year during the noncompete; is that right?	2 3 4 5 6 7	what's stated in the bio here. It says in the second sentence, "Mr. Stevenson brings deep generic and brand pharmaceutical experience to the GeneriCo board and is a seasoned and successful executive with over 20 years of leadership in this dynamic marketplace."
2 3 4 5 6 7	A. By the time that I processed the paperwork and all that stuff, it was into 2016 when I left, officially left the company. Q. Okay. And then you said you had a noncompete. So you just sort of didn't have employment for that year during the noncompete; is that right? A. Correct.	2 3 4 5 6 7 8	what's stated in the bio here. It says in the second sentence, "Mr. Stevenson brings deep generic and brand pharmaceutical experience to the GeneriCo board and is a seasoned and successful executive with over 20 years of leadership in this dynamic marketplace." That's an accurate
2 3 4 5 6 7 8 9	A. By the time that I processed the paperwork and all that stuff, it was into 2016 when I left, officially left the company. Q. Okay. And then you said you had a noncompete. So you just sort of didn't have employment for that year during the noncompete; is that right? A. Correct. Q. Okay. And then you said	2 3 4 5 6 7 8	what's stated in the bio here. It says in the second sentence, "Mr. Stevenson brings deep generic and brand pharmaceutical experience to the GeneriCo board and is a seasoned and successful executive with over 20 years of leadership in this dynamic marketplace."
2 3 4 5 6 7 8 9	A. By the time that I processed the paperwork and all that stuff, it was into 2016 when I left, officially left the company. Q. Okay. And then you said you had a noncompete. So you just sort of didn't have employment for that year during the noncompete; is that right? A. Correct. Q. Okay. And then you said that you joined GeneriCo as chairman of	2 3 4 5 6 7 8 9	what's stated in the bio here. It says in the second sentence, "Mr. Stevenson brings deep generic and brand pharmaceutical experience to the GeneriCo board and is a seasoned and successful executive with over 20 years of leadership in this dynamic marketplace." That's an accurate characterization of you, correct? A. Yes. I understand the brand
2 3 4 5 6 7 8 9 10	A. By the time that I processed the paperwork and all that stuff, it was into 2016 when I left, officially left the company. Q. Okay. And then you said you had a noncompete. So you just sort of didn't have employment for that year during the noncompete; is that right? A. Correct. Q. Okay. And then you said	2 3 4 5 6 7 8 9 10	what's stated in the bio here. It says in the second sentence, "Mr. Stevenson brings deep generic and brand pharmaceutical experience to the GeneriCo board and is a seasoned and successful executive with over 20 years of leadership in this dynamic marketplace." That's an accurate characterization of you, correct?
2 3 4 5 6 7 8 9 10 11	A. By the time that I processed the paperwork and all that stuff, it was into 2016 when I left, officially left the company. Q. Okay. And then you said you had a noncompete. So you just sort of didn't have employment for that year during the noncompete; is that right? A. Correct. Q. Okay. And then you said that you joined GeneriCo as chairman of the board in 2017, right? A. Correct.	2 3 4 5 6 7 8 9 10 11 12	what's stated in the bio here. It says in the second sentence, "Mr. Stevenson brings deep generic and brand pharmaceutical experience to the GeneriCo board and is a seasoned and successful executive with over 20 years of leadership in this dynamic marketplace." That's an accurate characterization of you, correct? A. Yes. I understand the brand business, yes. So yeah, I would say yes, that's that's accurate.
2 3 4 5 6 7 8 9 10 11 12 13	A. By the time that I processed the paperwork and all that stuff, it was into 2016 when I left, officially left the company. Q. Okay. And then you said you had a noncompete. So you just sort of didn't have employment for that year during the noncompete; is that right? A. Correct. Q. Okay. And then you said that you joined GeneriCo as chairman of the board in 2017, right? A. Correct. Q. And I think that you	2 3 4 5 6 7 8 9 10 11 12 13	what's stated in the bio here. It says in the second sentence, "Mr. Stevenson brings deep generic and brand pharmaceutical experience to the GeneriCo board and is a seasoned and successful executive with over 20 years of leadership in this dynamic marketplace." That's an accurate characterization of you, correct? A. Yes. I understand the brand business, yes. So yeah, I would say yes,
2 3 4 5 6 7 8 9 10 11 12 13 14	A. By the time that I processed the paperwork and all that stuff, it was into 2016 when I left, officially left the company. Q. Okay. And then you said you had a noncompete. So you just sort of didn't have employment for that year during the noncompete; is that right? A. Correct. Q. Okay. And then you said that you joined GeneriCo as chairman of the board in 2017, right? A. Correct. Q. And I think that you confirmed before. But again, GeneriCo	2 3 4 5 6 7 8 9 10 11 12 13 14	what's stated in the bio here. It says in the second sentence, "Mr. Stevenson brings deep generic and brand pharmaceutical experience to the GeneriCo board and is a seasoned and successful executive with over 20 years of leadership in this dynamic marketplace." That's an accurate characterization of you, correct? A. Yes. I understand the brand business, yes. So yeah, I would say yes, that's that's accurate. Q. If you'll go a little further down the bio sort of summarizes
2 3 4 5 6 7 8 9 10 11 12 13 14 15	A. By the time that I processed the paperwork and all that stuff, it was into 2016 when I left, officially left the company. Q. Okay. And then you said you had a noncompete. So you just sort of didn't have employment for that year during the noncompete; is that right? A. Correct. Q. Okay. And then you said that you joined GeneriCo as chairman of the board in 2017, right? A. Correct. Q. And I think that you confirmed before. But again, GeneriCo has does it have any opioid products?	2 3 4 5 6 7 8 9 10 11 12 13 14 15	what's stated in the bio here. It says in the second sentence, "Mr. Stevenson brings deep generic and brand pharmaceutical experience to the GeneriCo board and is a seasoned and successful executive with over 20 years of leadership in this dynamic marketplace." That's an accurate characterization of you, correct? A. Yes. I understand the brand business, yes. So yeah, I would say yes, that's that's accurate. Q. If you'll go a little further down the bio sort of summarizes your work experience. If you go towards
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. By the time that I processed the paperwork and all that stuff, it was into 2016 when I left, officially left the company. Q. Okay. And then you said you had a noncompete. So you just sort of didn't have employment for that year during the noncompete; is that right? A. Correct. Q. Okay. And then you said that you joined GeneriCo as chairman of the board in 2017, right? A. Correct. Q. And I think that you confirmed before. But again, GeneriCo has — does it have any opioid products? A. No opioids.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	what's stated in the bio here. It says in the second sentence, "Mr. Stevenson brings deep generic and brand pharmaceutical experience to the GeneriCo board and is a seasoned and successful executive with over 20 years of leadership in this dynamic marketplace." That's an accurate characterization of you, correct? A. Yes. I understand the brand business, yes. So yeah, I would say yes, that's that's accurate. Q. If you'll go a little further down the bio sort of summarizes your work experience. If you go towards the bottom of the bio. It says, "As vice
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. By the time that I processed the paperwork and all that stuff, it was into 2016 when I left, officially left the company. Q. Okay. And then you said you had a noncompete. So you just sort of didn't have employment for that year during the noncompete; is that right? A. Correct. Q. Okay. And then you said that you joined GeneriCo as chairman of the board in 2017, right? A. Correct. Q. And I think that you confirmed before. But again, GeneriCo has does it have any opioid products? A. No opioids. Q. Is it working on any opioid	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	what's stated in the bio here. It says in the second sentence, "Mr. Stevenson brings deep generic and brand pharmaceutical experience to the GeneriCo board and is a seasoned and successful executive with over 20 years of leadership in this dynamic marketplace." That's an accurate characterization of you, correct? A. Yes. I understand the brand business, yes. So yeah, I would say yes, that's that's accurate. Q. If you'll go a little further down the bio sort of summarizes your work experience. If you go towards the bottom of the bio. It says, "As vice president of Endo generic products,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. By the time that I processed the paperwork and all that stuff, it was into 2016 when I left, officially left the company. Q. Okay. And then you said you had a noncompete. So you just sort of didn't have employment for that year during the noncompete; is that right? A. Correct. Q. Okay. And then you said that you joined GeneriCo as chairman of the board in 2017, right? A. Correct. Q. And I think that you confirmed before. But again, GeneriCo has does it have any opioid products? A. No opioids. Q. Is it working on any opioid products, without specifying?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	what's stated in the bio here. It says in the second sentence, "Mr. Stevenson brings deep generic and brand pharmaceutical experience to the GeneriCo board and is a seasoned and successful executive with over 20 years of leadership in this dynamic marketplace." That's an accurate characterization of you, correct? A. Yes. I understand the brand business, yes. So yeah, I would say yes, that's that's accurate. Q. If you'll go a little further down the bio sort of summarizes your work experience. If you go towards the bottom of the bio. It says, "As vice president of Endo generic products, George was charged with full
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	A. By the time that I processed the paperwork and all that stuff, it was into 2016 when I left, officially left the company. Q. Okay. And then you said you had a noncompete. So you just sort of didn't have employment for that year during the noncompete; is that right? A. Correct. Q. Okay. And then you said that you joined GeneriCo as chairman of the board in 2017, right? A. Correct. Q. And I think that you confirmed before. But again, GeneriCo has does it have any opioid products? A. No opioids. Q. Is it working on any opioid products, without specifying? A. No, they're not.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	what's stated in the bio here. It says in the second sentence, "Mr. Stevenson brings deep generic and brand pharmaceutical experience to the GeneriCo board and is a seasoned and successful executive with over 20 years of leadership in this dynamic marketplace." That's an accurate characterization of you, correct? A. Yes. I understand the brand business, yes. So yeah, I would say yes, that's that's accurate. Q. If you'll go a little further down the bio sort of summarizes your work experience. If you go towards the bottom of the bio. It says, "As vice president of Endo generic products, George was charged with full responsibility for the generics business
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. By the time that I processed the paperwork and all that stuff, it was into 2016 when I left, officially left the company. Q. Okay. And then you said you had a noncompete. So you just sort of didn't have employment for that year during the noncompete; is that right? A. Correct. Q. Okay. And then you said that you joined GeneriCo as chairman of the board in 2017, right? A. Correct. Q. And I think that you confirmed before. But again, GeneriCo has does it have any opioid products? A. No opioids. Q. Is it working on any opioid products, without specifying? A. No, they're not. Q. All right.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	what's stated in the bio here. It says in the second sentence, "Mr. Stevenson brings deep generic and brand pharmaceutical experience to the GeneriCo board and is a seasoned and successful executive with over 20 years of leadership in this dynamic marketplace." That's an accurate characterization of you, correct? A. Yes. I understand the brand business, yes. So yeah, I would say yes, that's that's accurate. Q. If you'll go a little further down the bio sort of summarizes your work experience. If you go towards the bottom of the bio. It says, "As vice president of Endo generic products, George was charged with full responsibility for the generics business including strategy, account management,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. By the time that I processed the paperwork and all that stuff, it was into 2016 when I left, officially left the company. Q. Okay. And then you said you had a noncompete. So you just sort of didn't have employment for that year during the noncompete; is that right? A. Correct. Q. Okay. And then you said that you joined GeneriCo as chairman of the board in 2017, right? A. Correct. Q. And I think that you confirmed before. But again, GeneriCo has does it have any opioid products? A. No opioids. Q. Is it working on any opioid products, without specifying? A. No, they're not. Q. All right. MS. SCULLION: Could I have	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	what's stated in the bio here. It says in the second sentence, "Mr. Stevenson brings deep generic and brand pharmaceutical experience to the GeneriCo board and is a seasoned and successful executive with over 20 years of leadership in this dynamic marketplace." That's an accurate characterization of you, correct? A. Yes. I understand the brand business, yes. So yeah, I would say yes, that's that's accurate. Q. If you'll go a little further down the bio sort of summarizes your work experience. If you go towards the bottom of the bio. It says, "As vice president of Endo generic products, George was charged with full responsibility for the generics business including strategy, account management, marketing, and the identification and
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. By the time that I processed the paperwork and all that stuff, it was into 2016 when I left, officially left the company. Q. Okay. And then you said you had a noncompete. So you just sort of didn't have employment for that year during the noncompete; is that right? A. Correct. Q. Okay. And then you said that you joined GeneriCo as chairman of the board in 2017, right? A. Correct. Q. And I think that you confirmed before. But again, GeneriCo has does it have any opioid products? A. No opioids. Q. Is it working on any opioid products, without specifying? A. No, they're not. Q. All right.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	what's stated in the bio here. It says in the second sentence, "Mr. Stevenson brings deep generic and brand pharmaceutical experience to the GeneriCo board and is a seasoned and successful executive with over 20 years of leadership in this dynamic marketplace." That's an accurate characterization of you, correct? A. Yes. I understand the brand business, yes. So yeah, I would say yes, that's that's accurate. Q. If you'll go a little further down the bio sort of summarizes your work experience. If you go towards the bottom of the bio. It says, "As vice president of Endo generic products, George was charged with full responsibility for the generics business including strategy, account management,

	Page 70		Page 72
1	description of your time at Endo?	1	earlier, helped develop those, or
2	A. Yes.	2	developed those, based on the
3	Q. Can you just explain to me,	3	FDA-approved label, okay, so otherwise
4 .	when it refers here to marketing in the	4	they can get in big trouble.
5	generics business, what did that mean,	5	So you can only promote
6	when you were at Endo?	6	what's on the label. You cannot promote
7	A. It doesn't mean there's a	7	anything other than what's on the label.
8	difference what it means is that it	8	Q. Right.
9	mostly deals with the pricing and getting	9	A. So that's what they do.
10	business into accounts. It's not what	10	Yes.
11	normally is referred to as marketing like	11	Q. All right. And just to make
12	on the brand side where there's	12	sure we are on the same page on promoting
13	promotion. There's no promotional in	13	according to the label. I mean, I've
14	generics because you're competing against	14	heard the phrase that the label defines
15	yourself. There's normally no more than	15	the product, is that something you've
16	one. So there's no sense in promotion.	16	heard?
17	There's no sales there's no sales, you	17	MS. VANNI: Object to form.
18	know, paraphernalia that's given out.	18	THE WITNESS: Yeah.
19	There's no representation to doctors.	19	BY MS. SCULLION:
20	On the brand side, they have	20	Q. Yeah?
21	thousands or hundreds or whatever number	21	A. I would say some people use
22	of sales reps that are calling	22	that phrase, yeah.
23	physicians. On generics, we had three	23	Q. Okay. And and it's very
24	national account executives.	24	clear that a company cannot promote its
	Dania 71		
	Page 71		Page 73
1	_	1	_
1 2	So marketing and generics is	1 2	product inconsistent with what's in the
2	So marketing and generics is completely different than what is	2	product inconsistent with what's in the label approved by the FDA, correct?
2 3	So marketing and generics is completely different than what is normally involved in the brand; however,	2 3	product inconsistent with what's in the label approved by the FDA, correct? MS. VANNI: Object to form.
2 3 4	So marketing and generics is completely different than what is normally involved in the brand; however, the marketing is, make sure people know	2 3 4	product inconsistent with what's in the label approved by the FDA, correct? MS. VANNI: Object to form. THE WITNESS: Yes.
2 3 4 5	So marketing and generics is completely different than what is normally involved in the brand; however, the marketing is, make sure people know you have the product, that you're coming	2 3 4 5	product inconsistent with what's in the label approved by the FDA, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION:
2 3 4 5 6	So marketing and generics is completely different than what is normally involved in the brand; however, the marketing is, make sure people know you have the product, that you're coming with the product. And it's more getting	2 3 4 5 6	product inconsistent with what's in the label approved by the FDA, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Okay. To do that is called
2 3 4 5 6 7	So marketing and generics is completely different than what is normally involved in the brand; however, the marketing is, make sure people know you have the product, that you're coming with the product. And it's more getting the product placed in the trade accounts,	2 3 4 5 6 7	product inconsistent with what's in the label approved by the FDA, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Okay. To do that is called off-label marketing, correct?
2 3 4 5 6 7 8	So marketing and generics is completely different than what is normally involved in the brand; however, the marketing is, make sure people know you have the product, that you're coming with the product. And it's more getting the product placed in the trade accounts, as we described them earlier.	2 3 4 5 6	product inconsistent with what's in the label approved by the FDA, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Okay. To do that is called off-label marketing, correct? A. Yes.
2 3 4 5 6 7 8	So marketing and generics is completely different than what is normally involved in the brand; however, the marketing is, make sure people know you have the product, that you're coming with the product. And it's more getting the product placed in the trade accounts, as we described them earlier. Essentially in generics,	2 3 4 5 6 7 8	product inconsistent with what's in the label approved by the FDA, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Okay. To do that is called off-label marketing, correct? A. Yes. Q. It's unlawful, correct?
2 3 4 5 6 7 8	So marketing and generics is completely different than what is normally involved in the brand; however, the marketing is, make sure people know you have the product, that you're coming with the product. And it's more getting the product placed in the trade accounts, as we described them earlier. Essentially in generics, that's what marketing is.	2 3 4 5 6 7 8	product inconsistent with what's in the label approved by the FDA, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Okay. To do that is called off-label marketing, correct? A. Yes.
2 3 4 5 6 7 8 9	So marketing and generics is completely different than what is normally involved in the brand; however, the marketing is, make sure people know you have the product, that you're coming with the product. And it's more getting the product placed in the trade accounts, as we described them earlier. Essentially in generics, that's what marketing is. Q. Okay. So if I understand	2 3 4 5 6 7 8 9	product inconsistent with what's in the label approved by the FDA, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Okay. To do that is called off-label marketing, correct? A. Yes. Q. It's unlawful, correct? MS. VANNI: Object to form.
2 3 4 5 6 7 8 9 10	So marketing and generics is completely different than what is normally involved in the brand; however, the marketing is, make sure people know you have the product, that you're coming with the product. And it's more getting the product placed in the trade accounts, as we described them earlier. Essentially in generics, that's what marketing is. Q. Okay. So if I understand you correctly, on the brand side, there's	2 3 4 5 6 7 8 9 10	product inconsistent with what's in the label approved by the FDA, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Okay. To do that is called off-label marketing, correct? A. Yes. Q. It's unlawful, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION:
2 3 4 5 6 7 8 9 10 11 12	So marketing and generics is completely different than what is normally involved in the brand; however, the marketing is, make sure people know you have the product, that you're coming with the product. And it's more getting the product placed in the trade accounts, as we described them earlier. Essentially in generics, that's what marketing is. Q. Okay. So if I understand you correctly, on the brand side, there's marketing that takes the form of sales	2 3 4 5 6 7 8 9 10 11 12	product inconsistent with what's in the label approved by the FDA, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Okay. To do that is called off-label marketing, correct? A. Yes. Q. It's unlawful, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION:
2 3 4 5 6 7 8 9 10 11 12 13	So marketing and generics is completely different than what is normally involved in the brand; however, the marketing is, make sure people know you have the product, that you're coming with the product. And it's more getting the product placed in the trade accounts, as we described them earlier. Essentially in generics, that's what marketing is. Q. Okay. So if I understand you correctly, on the brand side, there's marketing that takes the form of sales representatives, for example, going out	2 3 4 5 6 7 8 9 10 11 12 13	product inconsistent with what's in the label approved by the FDA, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Okay. To do that is called off-label marketing, correct? A. Yes. Q. It's unlawful, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Would you agree that it's also unethical?
2 3 4 5 6 7 8 9 10 11 12 13 14	So marketing and generics is completely different than what is normally involved in the brand; however, the marketing is, make sure people know you have the product, that you're coming with the product. And it's more getting the product placed in the trade accounts, as we described them earlier. Essentially in generics, that's what marketing is. Q. Okay. So if I understand you correctly, on the brand side, there's marketing that takes the form of sales representatives, for example, going out to detail healthcare providers about the	2 3 4 5 6 7 8 9 10 11 12 13 14	product inconsistent with what's in the label approved by the FDA, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Okay. To do that is called off-label marketing, correct? A. Yes. Q. It's unlawful, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Would you agree that it's
2 3 4 5 6 7 8 9 10 11 12 13 14 15	So marketing and generics is completely different than what is normally involved in the brand; however, the marketing is, make sure people know you have the product, that you're coming with the product. And it's more getting the product placed in the trade accounts, as we described them earlier. Essentially in generics, that's what marketing is. Q. Okay. So if I understand you correctly, on the brand side, there's marketing that takes the form of sales representatives, for example, going out	2 3 4 5 6 7 8 9 10 11 12 13 14 15	product inconsistent with what's in the label approved by the FDA, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Okay. To do that is called off-label marketing, correct? A. Yes. Q. It's unlawful, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Would you agree that it's also unethical? MS. VANNI: Object to form.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	So marketing and generics is completely different than what is normally involved in the brand; however, the marketing is, make sure people know you have the product, that you're coming with the product. And it's more getting the product placed in the trade accounts, as we described them earlier. Essentially in generics, that's what marketing is. Q. Okay. So if I understand you correctly, on the brand side, there's marketing that takes the form of sales representatives, for example, going out to detail healthcare providers about the product, correct? A. Correct.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	product inconsistent with what's in the label approved by the FDA, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Okay. To do that is called off-label marketing, correct? A. Yes. Q. It's unlawful, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Would you agree that it's also unethical? MS. VANNI: Object to form. THE WITNESS: It's a
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	So marketing and generics is completely different than what is normally involved in the brand; however, the marketing is, make sure people know you have the product, that you're coming with the product. And it's more getting the product placed in the trade accounts, as we described them earlier. Essentially in generics, that's what marketing is. Q. Okay. So if I understand you correctly, on the brand side, there's marketing that takes the form of sales representatives, for example, going out to detail healthcare providers about the product, correct? A. Correct. Q. Okay. And they might be	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	product inconsistent with what's in the label approved by the FDA, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Okay. To do that is called off-label marketing, correct? A. Yes. Q. It's unlawful, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Would you agree that it's also unethical? MS. VANNI: Object to form. THE WITNESS: It's a judgment call. I guess so. I
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	So marketing and generics is completely different than what is normally involved in the brand; however, the marketing is, make sure people know you have the product, that you're coming with the product. And it's more getting the product placed in the trade accounts, as we described them earlier. Essentially in generics, that's what marketing is. Q. Okay. So if I understand you correctly, on the brand side, there's marketing that takes the form of sales representatives, for example, going out to detail healthcare providers about the product, correct? A. Correct. Q. Okay. And they might be using specific promotional materials in	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	product inconsistent with what's in the label approved by the FDA, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Okay. To do that is called off-label marketing, correct? A. Yes. Q. It's unlawful, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Would you agree that it's also unethical? MS. VANNI: Object to form. THE WITNESS: It's a judgment call. I guess so. I I don't know. I wasn't involved
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	So marketing and generics is completely different than what is normally involved in the brand; however, the marketing is, make sure people know you have the product, that you're coming with the product. And it's more getting the product placed in the trade accounts, as we described them earlier. Essentially in generics, that's what marketing is. Q. Okay. So if I understand you correctly, on the brand side, there's marketing that takes the form of sales representatives, for example, going out to detail healthcare providers about the product, correct? A. Correct. Q. Okay. And they might be using specific promotional materials in the course of doing that?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	product inconsistent with what's in the label approved by the FDA, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Okay. To do that is called off-label marketing, correct? A. Yes. Q. It's unlawful, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Would you agree that it's also unethical? MS. VANNI: Object to form. THE WITNESS: It's a judgment call. I guess so. I I don't know. I wasn't involved in it.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	So marketing and generics is completely different than what is normally involved in the brand; however, the marketing is, make sure people know you have the product, that you're coming with the product. And it's more getting the product placed in the trade accounts, as we described them earlier. Essentially in generics, that's what marketing is. Q. Okay. So if I understand you correctly, on the brand side, there's marketing that takes the form of sales representatives, for example, going out to detail healthcare providers about the product, correct? A. Correct. Q. Okay. And they might be using specific promotional materials in the course of doing that? A. Yeah. They would use	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	product inconsistent with what's in the label approved by the FDA, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Okay. To do that is called off-label marketing, correct? A. Yes. Q. It's unlawful, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Would you agree that it's also unethical? MS. VANNI: Object to form. THE WITNESS: It's a judgment call. I guess so. I— I don't know. I wasn't involved in it. BY MS. SCULLION:
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	So marketing and generics is completely different than what is normally involved in the brand; however, the marketing is, make sure people know you have the product, that you're coming with the product. And it's more getting the product placed in the trade accounts, as we described them earlier. Essentially in generics, that's what marketing is. Q. Okay. So if I understand you correctly, on the brand side, there's marketing that takes the form of sales representatives, for example, going out to detail healthcare providers about the product, correct? A. Correct. Q. Okay. And they might be using specific promotional materials in the course of doing that?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	product inconsistent with what's in the label approved by the FDA, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Okay. To do that is called off-label marketing, correct? A. Yes. Q. It's unlawful, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Would you agree that it's also unethical? MS. VANNI: Object to form. THE WITNESS: It's a judgment call. I guess so. I I don't know. I wasn't involved in it. BY MS. SCULLION: Q. Okay.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	So marketing and generics is completely different than what is normally involved in the brand; however, the marketing is, make sure people know you have the product, that you're coming with the product. And it's more getting the product placed in the trade accounts, as we described them earlier. Essentially in generics, that's what marketing is. Q. Okay. So if I understand you correctly, on the brand side, there's marketing that takes the form of sales representatives, for example, going out to detail healthcare providers about the product, correct? A. Correct. Q. Okay. And they might be using specific promotional materials in the course of doing that? A. Yeah. They would use specific promotional materials, which are	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	product inconsistent with what's in the label approved by the FDA, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Okay. To do that is called off-label marketing, correct? A. Yes. Q. It's unlawful, correct? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. Would you agree that it's also unethical? MS. VANNI: Object to form. THE WITNESS: It's a judgment call. I guess so. I I don't know. I wasn't involved in it. BY MS. SCULLION: Q. Okay. A. So, you know, in every

```
Page 74
                                                                                               Page 76
 1
        brand Pharma company in Bristol-Myers
                                                         1
                                                                before. When I was at Kremers, we did
 2
        Squibb, in Sandoz -- Geneva Sandoz was
                                                         2
                                                                that where, you know, under a CDA, a
 3
        part of Novartis, at Endo, wherever it
                                                         3
                                                                large account, we would tell them this is
        was, the brand company went to great
                                                         4
                                                                what we're working on in the pipeline, to
 4
                                                         5
 5
        lengths and spent tremendous amounts of
                                                                get their reaction, is that something
                                                         6
 6
        money to make sure that the sales reps
                                                                they'd be interested in. And also to let
 7
        promoted according to the label.
                                                         7
                                                                them know it was coming, you know, so
 8
                And anybody who went off
                                                         8
                                                                that they -- that's the kind of
 9
        that script was -- was severely punished.
                                                         9
                                                                marketing.
10
        including -- up to and including
                                                       10
                                                                        We did some reminder ads in
        termination.
                                                       11
11
                                                               journals which were, you know, they were
                                                                very expensive. In the case of Endo, I
12
             O. Okav.
                                                       12
13
             A. And actually went to great
                                                       13
                                                                remember they -- you know, they called
14
        lengths, I know at Endo, in monitoring
                                                       14
                                                                them three-piece, three-piece entities
        that kind of activity to make sure that
                                                       15
                                                                because of all the different things that
15
16
        did not occur. Because Endo, in the big
                                                       16
                                                                had to go into the ads because they
                                                       17
                                                                were -- it was -- it was an opioid, which
17
        scheme of things, was not that big a
                                                       18
                                                                was standard. So we didn't run that many
18
        company and they couldn't -- they didn't
19
                                                       19
        want to have any issues along the lines
                                                                of them, because it was -- it was
20
                                                       20
                                                                expensive. You know, 30-, 40,000. In
        vou described.
21
                So most pharmaceutical
                                                       21
                                                                the generics business that's -- that's a
22
        companies take the same approach. They
                                                       22
                                                                lot of money. The ad budget is not
23
                                                       23
        go to great lengths to ensure that that
                                                                that -- normally not that high.
2.4
                                                       2.4
        off-label promotion does not happen.
                                                                        So, yeah, that's the kind
                                        Page 75
                                                                                               Page 77
 1
            Q. Okay. Now, as you said,
                                                         1
                                                               of, you know, pricing, you know, we
        when you were at Endo, you were not
                                                         2
 2
                                                               talked about pricing and how we can, you
 3
        personally professionally involved in the
                                                         3
                                                               know, work something involving getting --
        sales and promotion of the branded
                                                         4
                                                               with our product to make sure that if we
 4
                                                         5
                                                               were challenged by our competition, you
 5
        products, correct?
            A. Correct.
                                                         6
 6
                                                               know, how we could retain the business
 7
                                                         7
                                                               and -- and customer relations, customer
            Q. Okay. So then, that was
 8
        describing the marketing for branded.
                                                         8
                                                               interaction. That was -- in generic,
                                                         9
 9
        Then you were explaining to me what
                                                               more or less, that's what marketing is.
10
        marketing means on the generic side.
                                                       10
                                                                    O. Okav. And I'm sorry, you
11
                To make sure I understand,
                                                       11
                                                               mentioned a CDA. Is that like a
12
        that involves marketing to the trade
                                                       12
                                                               confidentiality agreement?
13
        accounts in order to, to what, to be
                                                       13
                                                                    A. Confidentiality, yeah.
14
        stocked by them, to placed by them? What
                                                       14
                                                                    O. Great, thanks. And I think
15
        are you marketing them for?
                                                       15
                                                               you were explaining to me that in terms
16
            A. Yeah. You know, we -- yeah,
                                                       16
                                                               of getting and retaining the trade
17
        that they know we have the product,
                                                       17
                                                               business, that one of the important
18
        that -- that we're always searching for
                                                       18
                                                               things you were focused on was the
19
        opportunities to get product, you know,
                                                       19
                                                               relationship with that trade customer,
20
        does somebody need product, do they not
                                                       20
                                                               correct?
21
        like their current supplier. You know,
                                                       21
                                                                       MS. VANNI: Object to form.
22
        under CDA we would tell them about future
                                                       22
                                                                       THE WITNESS: Yes.
23
        products. I don't know if we did that at
                                                       23
                                                               BY MS. SCULLION:
24
        Endo, but, you know, I'd done that
                                                       24
                                                                    Q. And that -- that was true
```

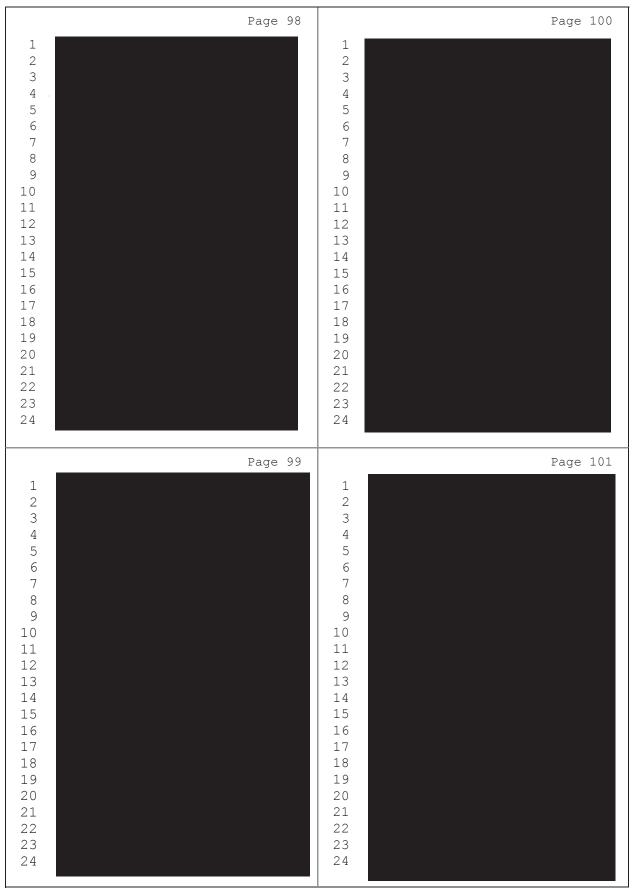
```
Page 78
                                                                                             Page 80
                                                       1
 1
        while you were at Endo?
                                                                  product is stocked.
 2
            A. It's been true before Endo
                                                       2
                                                             BY MS. SCULLION:
 3
        and after Endo and at Endo.
                                                       3
                                                                  Q. And -- I'm sorry.
 4
                                                       4
                                                                  A. So there was no promotional
            Q. Okay. And is -- was part of
                                                       5
 5
                                                             activity by the national account
        the relationship providing educational
                                                       6
                                                              executives to anybody.
 6
        materials that could be used for example,
                                                                  Q. But you -- but you had
 7
                                                       7
        at pharmacies?
 8
                                                       8
                                                              responsibility for the national account
            A. No.
                                                       9
                                                              executives getting Opana, and Opana ER to
 9
            Q. Okay. Did --
                                                      10
                                                             be clear, stocked in the trade accounts,
10
                MS. SCULLION: I thought the
                                                      11
11
            door was opening, it's not.
                                                             correct?
                                                      12
                                                                     MS. VANNI: Object to form.
12
        BY MS. SCULLION:
                                                                     THE WITNESS: To be honest,
            Q. Did -- did Endo -- strike
                                                      13
13
14
        that. We'll look at some of the
                                                      14
                                                                  getting them stocked when they --
                                                      15
                                                                  I don't know if I had assumed
15
        documents in a bit.
16
                MS. SCULLION: Can I have
                                                      16
                                                                  the -- I don't remember from the
17
            Tabs 26 and 27, please.
                                                      17
                                                                  time when I took over trade
18
        BY MS. SCULLION:
                                                      18
                                                                  affairs, whether or not Opana had
                                                      19
                                                                  launched or didn't launch. I
19
            Q. I want to go back and talk
                                                      20
20
        more about your -- your role at Endo and
                                                                  don't remember that.
21
        what it entailed. Hopefully I'm not
                                                      21
                                                                     So if it -- if it hadn't
2.2
        going to knock the computer out with my
                                                      22
                                                                  launched, then yes. If not, then
                                                      23
                                                                  I just took over the role of
23
        binder here.
24
                                                      24
                                                                  supervising them.
                Okay.
                                       Page 79
                                                                                             Page 81
                MS. SCULLION: Why don't you
                                                              BY MS. SCULLION:
 1
                                                        1
 2
            mark 27 and then 26.
                                                        2
                                                                  Q. Okay.
 3
        BY MS. SCULLION:
                                                        3
                                                                  A. And it wasn't -- their role
 4
            Q. So I think you were
                                                        4
                                                              in the brand side was, if I had to divide
                                                        5
 5
        explaining to me that you didn't have
                                                              their time, their time was generics.
 6
        promotional responsibility for any of the
                                                        6
                                                              They were there to work on generics.
                                                                      The brand -- their brand
 7
        brand products. But you were involved in
                                                        7
 8
        helping get Opana, for example, stocked
                                                       8
                                                              role was a de minimus kind of role. It
 9
        in the trade accounts, correct?
                                                       9
                                                              wasn't that significant, other than the
10
                MS. VANNI: Object to form.
                                                      10
                                                              stocking.
                THE WITNESS: This -- the
                                                      11
11
                                                                  Q. Okay.
            role of the national account
                                                      12
                                                                      (Document marked for
12
13
            executives that visit the trade
                                                      13
                                                                  identification as Exhibit
            accounts, their -- their role on
                                                      14
                                                                  Endo-Stevenson-4.)
14
                                                      15
15
            the brand side is to make sure the
                                                              BY MS. SCULLION:
16
            account is stocked. That's all
                                                      16
                                                                  Q. Let me show you what's been
17
            they do. They make sure their
                                                      17
                                                              marked as Exhibit 4. And we may be out
            account is stocked with the
                                                      18
                                                              of order here, but we'll get to it in
18
            product. Because if you don't
                                                      19
19
                                                              terms of exhibit numbers.
            have the product in the account,
20
                                                      2.0
                                                                      MS. SCULLION: Is it good?
                                                      21
21
            you can't sell it. And so their
                                                                  Okav.
22
            job -- that's all the national
                                                              BY MS. SCULLION:
                                                      22
2.3
            account executives do on the brand
                                                      2.3
                                                                  Q. Mr. Stevenson, I've handed
24
                                                      24
            side, is they make sure the
                                                              you Exhibit 4. And for the record, the
```

	Page 82		Page 84
1	-		
1	Bates number is ENDO-OPIOID_MDL-00860303.	1	And looking in the left-hand column,
2	And just so you know, I'm	2	lists a number of objectives for the
3	just reading the small numbers in the	3	year. And let's go down to the third
4	bottom right corner for the record, so	4	row. Do you see it says successfully
5	people on the phone can follow.	5	launched products?
6	Mr. Stevenson, do you	6	A. Yes.
7	recognize Exhibit Number 4?	7	Q. And it identifies this as a
8	A. Well, it's my 2006	8	corporate objective. And the corporate
9	performance appraisal.	9	objective there was "achieve
10	Q. Right. And it's this is	10	\$17.5 million in Opana and Opana ER net
11	an e-mail from you to David Kerr	11	factory sales in 2006," correct?
12	attaching your 2006 performance	12	A. Correct.
13	appraisal, correct?	13	Q. All right. And then you've
14	A. Yes.	14	indicated on the right-hand side that
15	Q. Okay. And who was Mr. Kerr	15	that was achieved. And, in fact, it was
16	when you sent this e-mail, what was his	16	about, approximately \$18.8 million in net
17	position?	17	factory sales, correct?
18	A. He was the vice president of	18	A. Yes. What's that's
19	business operations I believe.	19	what's there, that's correct.
20	Q. He was your boss	20	Q. Okay. And then the next row
21	effectively?	21	down, successfully launched products,
22	A. Yes, he was my boss.	22	Corporate Objective 1.
23	Q. And let's turn to the actual	23	Now here it says, "Manage
24	performance appraisal itself, which	24	Project Pizza to achieve documented
	F		110feet 1122a to deline ve documented
	D 02		
	Page 83		Page 85
1	_	1	
1 2	begins in the attachment at 860304. I	1 2	Page 85 stocking of Opana and Opana ER in 12,000" it looks like it's supposed to
	_		stocking of Opana and Opana ER in 12,000" it looks like it's supposed to
2	begins in the attachment at 860304. I just want to page back through this. If you turn back through the document. If	2	stocking of Opana and Opana ER in
2 3 4	begins in the attachment at 860304. I just want to page back through this. If you turn back through the document. If you go to Page 6, in the lower right-hand	2 3	stocking of Opana and Opana ER in 12,000" it looks like it's supposed to say pharmacies. Do you see that?
2	begins in the attachment at 860304. I just want to page back through this. If you turn back through the document. If you go to Page 6, in the lower right-hand corner?	2 3 4	stocking of Opana and Opana ER in 12,000" it looks like it's supposed to say pharmacies. Do you see that? A. Yes. Yes. Q. And then on the
2 3 4 5	begins in the attachment at 860304. I just want to page back through this. If you turn back through the document. If you go to Page 6, in the lower right-hand corner? A. Page 6. Yes.	2 3 4 5	stocking of Opana and Opana ER in 12,000" it looks like it's supposed to say pharmacies. Do you see that? A. Yes. Yes. Q. And then on the right-hand oh sorry. Go over to the
2 3 4 5 6 7	begins in the attachment at 860304. I just want to page back through this. If you turn back through the document. If you go to Page 6, in the lower right-hand corner? A. Page 6. Yes. Q. And before I ask you about	2 3 4 5 6 7	stocking of Opana and Opana ER in 12,000" it looks like it's supposed to say pharmacies. Do you see that? A. Yes. Yes. Q. And then on the right-hand oh sorry. Go over to the right on that same row, do you see in
2 3 4 5 6 7 8	begins in the attachment at 860304. I just want to page back through this. If you turn back through the document. If you go to Page 6, in the lower right-hand corner? A. Page 6. Yes. Q. And before I ask you about the particulars on this page, am I	2 3 4 5 6	stocking of Opana and Opana ER in 12,000" it looks like it's supposed to say pharmacies. Do you see that? A. Yes. Yes. Q. And then on the right-hand oh sorry. Go over to the right on that same row, do you see in terms of describing fulfillment of the
2 3 4 5 6 7 8 9	begins in the attachment at 860304. I just want to page back through this. If you turn back through the document. If you go to Page 6, in the lower right-hand corner? A. Page 6. Yes. Q. And before I ask you about the particulars on this page, am I correct in understanding, this is	2 3 4 5 6 7 8	stocking of Opana and Opana ER in 12,000" it looks like it's supposed to say pharmacies. Do you see that? A. Yes. Yes. Q. And then on the right-hand oh sorry. Go over to the right on that same row, do you see in terms of describing fulfillment of the objective it says, "Managed Project Pizza
2 3 4 5 6 7 8 9	begins in the attachment at 860304. I just want to page back through this. If you turn back through the document. If you go to Page 6, in the lower right-hand corner? A. Page 6. Yes. Q. And before I ask you about the particulars on this page, am I correct in understanding, this is something you would have you would	2 3 4 5 6 7 8	stocking of Opana and Opana ER in 12,000" it looks like it's supposed to say pharmacies. Do you see that? A. Yes. Yes. Q. And then on the right-hand oh sorry. Go over to the right on that same row, do you see in terms of describing fulfillment of the objective it says, "Managed Project Pizza team and documented Opana and Opana ER
2 3 4 5 6 7 8 9 10	begins in the attachment at 860304. I just want to page back through this. If you turn back through the document. If you go to Page 6, in the lower right-hand corner? A. Page 6. Yes. Q. And before I ask you about the particulars on this page, am I correct in understanding, this is something you would have you would have filled out in terms of saying to	2 3 4 5 6 7 8 9 10	stocking of Opana and Opana ER in 12,000" it looks like it's supposed to say pharmacies. Do you see that? A. Yes. Yes. Q. And then on the right-hand oh sorry. Go over to the right on that same row, do you see in terms of describing fulfillment of the objective it says, "Managed Project Pizza team and documented Opana and Opana ER stocked in 12,100 pharmacies as of
2 3 4 5 6 7 8 9 10 11	begins in the attachment at 860304. I just want to page back through this. If you turn back through the document. If you go to Page 6, in the lower right-hand corner? A. Page 6. Yes. Q. And before I ask you about the particulars on this page, am I correct in understanding, this is something you would have you would have filled out in terms of saying to Mr. Kerr, here was my objective and here	2 3 4 5 6 7 8 9 10 11 12	stocking of Opana and Opana ER in 12,000" it looks like it's supposed to say pharmacies. Do you see that? A. Yes. Yes. Q. And then on the right-hand oh sorry. Go over to the right on that same row, do you see in terms of describing fulfillment of the objective it says, "Managed Project Pizza team and documented Opana and Opana ER stocked in 12,100 pharmacies as of 12/31/06."
2 3 4 5 6 7 8 9 10 11 12 13	begins in the attachment at 860304. I just want to page back through this. If you turn back through the document. If you go to Page 6, in the lower right-hand corner? A. Page 6. Yes. Q. And before I ask you about the particulars on this page, am I correct in understanding, this is something you would have you would have filled out in terms of saying to Mr. Kerr, here was my objective and here is how I explain how I have or haven't	2 3 4 5 6 7 8 9 10 11 12 13	stocking of Opana and Opana ER in 12,000" it looks like it's supposed to say pharmacies. Do you see that? A. Yes. Yes. Q. And then on the right-hand oh sorry. Go over to the right on that same row, do you see in terms of describing fulfillment of the objective it says, "Managed Project Pizza team and documented Opana and Opana ER stocked in 12,100 pharmacies as of 12/31/06." Do you see that?
2 3 4 5 6 7 8 9 10 11 12 13 14	begins in the attachment at 860304. I just want to page back through this. If you turn back through the document. If you go to Page 6, in the lower right-hand corner? A. Page 6. Yes. Q. And before I ask you about the particulars on this page, am I correct in understanding, this is something you would have you would have filled out in terms of saying to Mr. Kerr, here was my objective and here is how I explain how I have or haven't achieved that particular objective this	2 3 4 5 6 7 8 9 10 11 12 13 14	stocking of Opana and Opana ER in 12,000" it looks like it's supposed to say pharmacies. Do you see that? A. Yes. Yes. Q. And then on the right-hand oh sorry. Go over to the right on that same row, do you see in terms of describing fulfillment of the objective it says, "Managed Project Pizza team and documented Opana and Opana ER stocked in 12,100 pharmacies as of 12/31/06." Do you see that? A. Yes.
2 3 4 5 6 7 8 9 10 11 12 13 14 15	begins in the attachment at 860304. I just want to page back through this. If you turn back through the document. If you go to Page 6, in the lower right-hand corner? A. Page 6. Yes. Q. And before I ask you about the particulars on this page, am I correct in understanding, this is something you would have you would have filled out in terms of saying to Mr. Kerr, here was my objective and here is how I explain how I have or haven't achieved that particular objective this year; is that right?	2 3 4 5 6 7 8 9 10 11 12 13 14 15	stocking of Opana and Opana ER in 12,000" it looks like it's supposed to say pharmacies. Do you see that? A. Yes. Yes. Q. And then on the right-hand oh sorry. Go over to the right on that same row, do you see in terms of describing fulfillment of the objective it says, "Managed Project Pizza team and documented Opana and Opana ER stocked in 12,100 pharmacies as of 12/31/06." Do you see that? A. Yes. Q. Do you recall Project Pizza?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	begins in the attachment at 860304. I just want to page back through this. If you turn back through the document. If you go to Page 6, in the lower right-hand corner? A. Page 6. Yes. Q. And before I ask you about the particulars on this page, am I correct in understanding, this is something you would have you would have filled out in terms of saying to Mr. Kerr, here was my objective and here is how I explain how I have or haven't achieved that particular objective this year; is that right? A. Yes, that's yeah. You	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	stocking of Opana and Opana ER in 12,000" it looks like it's supposed to say pharmacies. Do you see that? A. Yes. Yes. Q. And then on the right-hand oh sorry. Go over to the right on that same row, do you see in terms of describing fulfillment of the objective it says, "Managed Project Pizza team and documented Opana and Opana ER stocked in 12,100 pharmacies as of 12/31/06." Do you see that? A. Yes. Q. Do you recall Project Pizza? A. Not really. I mean it
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	begins in the attachment at 860304. I just want to page back through this. If you turn back through the document. If you go to Page 6, in the lower right-hand corner? A. Page 6. Yes. Q. And before I ask you about the particulars on this page, am I correct in understanding, this is something you would have you would have filled out in terms of saying to Mr. Kerr, here was my objective and here is how I explain how I have or haven't achieved that particular objective this year; is that right? A. Yes, that's yeah. You know, for clarity normally the employee,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	stocking of Opana and Opana ER in 12,000" it looks like it's supposed to say pharmacies. Do you see that? A. Yes. Yes. Q. And then on the right-hand oh sorry. Go over to the right on that same row, do you see in terms of describing fulfillment of the objective it says, "Managed Project Pizza team and documented Opana and Opana ER stocked in 12,100 pharmacies as of 12/31/06." Do you see that? A. Yes. Q. Do you recall Project Pizza? A. Not really. I mean it was not really.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	begins in the attachment at 860304. I just want to page back through this. If you turn back through the document. If you go to Page 6, in the lower right-hand corner? A. Page 6. Yes. Q. And before I ask you about the particulars on this page, am I correct in understanding, this is something you would have you would have filled out in terms of saying to Mr. Kerr, here was my objective and here is how I explain how I have or haven't achieved that particular objective this year; is that right? A. Yes, that's yeah. You know, for clarity normally the employee, at my level, would complete what I	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	stocking of Opana and Opana ER in 12,000" it looks like it's supposed to say pharmacies. Do you see that? A. Yes. Yes. Q. And then on the right-hand oh sorry. Go over to the right on that same row, do you see in terms of describing fulfillment of the objective it says, "Managed Project Pizza team and documented Opana and Opana ER stocked in 12,100 pharmacies as of 12/31/06." Do you see that? A. Yes. Q. Do you recall Project Pizza? A. Not really. I mean it was not really. Q. Okay. Do you recall though
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	begins in the attachment at 860304. I just want to page back through this. If you turn back through the document. If you go to Page 6, in the lower right-hand corner? A. Page 6. Yes. Q. And before I ask you about the particulars on this page, am I correct in understanding, this is something you would have you would have filled out in terms of saying to Mr. Kerr, here was my objective and here is how I explain how I have or haven't achieved that particular objective this year; is that right? A. Yes, that's yeah. You know, for clarity normally the employee, at my level, would complete what I thought. And he would, you know, have a	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	stocking of Opana and Opana ER in 12,000" it looks like it's supposed to say pharmacies. Do you see that? A. Yes. Yes. Q. And then on the right-hand oh sorry. Go over to the right on that same row, do you see in terms of describing fulfillment of the objective it says, "Managed Project Pizza team and documented Opana and Opana ER stocked in 12,100 pharmacies as of 12/31/06." Do you see that? A. Yes. Q. Do you recall Project Pizza? A. Not really. I mean it was not really. Q. Okay. Do you recall though that there was a project that you oversaw
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	begins in the attachment at 860304. I just want to page back through this. If you turn back through the document. If you go to Page 6, in the lower right-hand corner? A. Page 6. Yes. Q. And before I ask you about the particulars on this page, am I correct in understanding, this is something you would have you would have filled out in terms of saying to Mr. Kerr, here was my objective and here is how I explain how I have or haven't achieved that particular objective this year; is that right? A. Yes, that's yeah. You know, for clarity normally the employee, at my level, would complete what I thought. And he would, you know, have a meeting and we would see if there was	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	stocking of Opana and Opana ER in 12,000" it looks like it's supposed to say pharmacies. Do you see that? A. Yes. Yes. Q. And then on the right-hand oh sorry. Go over to the right on that same row, do you see in terms of describing fulfillment of the objective it says, "Managed Project Pizza team and documented Opana and Opana ER stocked in 12,100 pharmacies as of 12/31/06." Do you see that? A. Yes. Q. Do you recall Project Pizza? A. Not really. I mean it was not really. Q. Okay. Do you recall though that there was a project that you oversaw to document stocking of Opana and Opana
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	begins in the attachment at 860304. I just want to page back through this. If you turn back through the document. If you go to Page 6, in the lower right-hand corner? A. Page 6. Yes. Q. And before I ask you about the particulars on this page, am I correct in understanding, this is something you would have you would have filled out in terms of saying to Mr. Kerr, here was my objective and here is how I explain how I have or haven't achieved that particular objective this year; is that right? A. Yes, that's yeah. You know, for clarity normally the employee, at my level, would complete what I thought. And he would, you know, have a meeting and we would see if there was some agreement with what he thought with	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	stocking of Opana and Opana ER in 12,000" it looks like it's supposed to say pharmacies. Do you see that? A. Yes. Yes. Q. And then on the right-hand oh sorry. Go over to the right on that same row, do you see in terms of describing fulfillment of the objective it says, "Managed Project Pizza team and documented Opana and Opana ER stocked in 12,100 pharmacies as of 12/31/06." Do you see that? A. Yes. Q. Do you recall Project Pizza? A. Not really. I mean it was not really. Q. Okay. Do you recall though that there was a project that you oversaw to document stocking of Opana and Opana ER in about 12,000 pharmacies as of as
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	begins in the attachment at 860304. I just want to page back through this. If you turn back through the document. If you go to Page 6, in the lower right-hand corner? A. Page 6. Yes. Q. And before I ask you about the particulars on this page, am I correct in understanding, this is something you would have you would have filled out in terms of saying to Mr. Kerr, here was my objective and here is how I explain how I have or haven't achieved that particular objective this year; is that right? A. Yes, that's yeah. You know, for clarity normally the employee, at my level, would complete what I thought. And he would, you know, have a meeting and we would see if there was some agreement with what he thought with what I wrote, et cetera, and then it'd be	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	stocking of Opana and Opana ER in 12,000" it looks like it's supposed to say pharmacies. Do you see that? A. Yes. Yes. Q. And then on the right-hand oh sorry. Go over to the right on that same row, do you see in terms of describing fulfillment of the objective it says, "Managed Project Pizza team and documented Opana and Opana ER stocked in 12,100 pharmacies as of 12/31/06." Do you see that? A. Yes. Q. Do you recall Project Pizza? A. Not really. I mean it was not really. Q. Okay. Do you recall though that there was a project that you oversaw to document stocking of Opana and Opana ER in about 12,000 pharmacies as of as of 2006?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	begins in the attachment at 860304. I just want to page back through this. If you turn back through the document. If you go to Page 6, in the lower right-hand corner? A. Page 6. Yes. Q. And before I ask you about the particulars on this page, am I correct in understanding, this is something you would have you would have filled out in terms of saying to Mr. Kerr, here was my objective and here is how I explain how I have or haven't achieved that particular objective this year; is that right? A. Yes, that's yeah. You know, for clarity normally the employee, at my level, would complete what I thought. And he would, you know, have a meeting and we would see if there was some agreement with what he thought with what I wrote, et cetera, and then it'd be finalized, yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	stocking of Opana and Opana ER in 12,000" it looks like it's supposed to say pharmacies. Do you see that? A. Yes. Yes. Q. And then on the right-hand oh sorry. Go over to the right on that same row, do you see in terms of describing fulfillment of the objective it says, "Managed Project Pizza team and documented Opana and Opana ER stocked in 12,100 pharmacies as of 12/31/06." Do you see that? A. Yes. Q. Do you recall Project Pizza? A. Not really. I mean it was not really. Q. Okay. Do you recall though that there was a project that you oversaw to document stocking of Opana and Opana ER in about 12,000 pharmacies as of as of 2006? MS. VANNI: Object to form.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	begins in the attachment at 860304. I just want to page back through this. If you turn back through the document. If you go to Page 6, in the lower right-hand corner? A. Page 6. Yes. Q. And before I ask you about the particulars on this page, am I correct in understanding, this is something you would have you would have filled out in terms of saying to Mr. Kerr, here was my objective and here is how I explain how I have or haven't achieved that particular objective this year; is that right? A. Yes, that's yeah. You know, for clarity normally the employee, at my level, would complete what I thought. And he would, you know, have a meeting and we would see if there was some agreement with what he thought with what I wrote, et cetera, and then it'd be	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	stocking of Opana and Opana ER in 12,000" it looks like it's supposed to say pharmacies. Do you see that? A. Yes. Yes. Q. And then on the right-hand oh sorry. Go over to the right on that same row, do you see in terms of describing fulfillment of the objective it says, "Managed Project Pizza team and documented Opana and Opana ER stocked in 12,100 pharmacies as of 12/31/06." Do you see that? A. Yes. Q. Do you recall Project Pizza? A. Not really. I mean it was not really. Q. Okay. Do you recall though that there was a project that you oversaw to document stocking of Opana and Opana ER in about 12,000 pharmacies as of as of 2006?

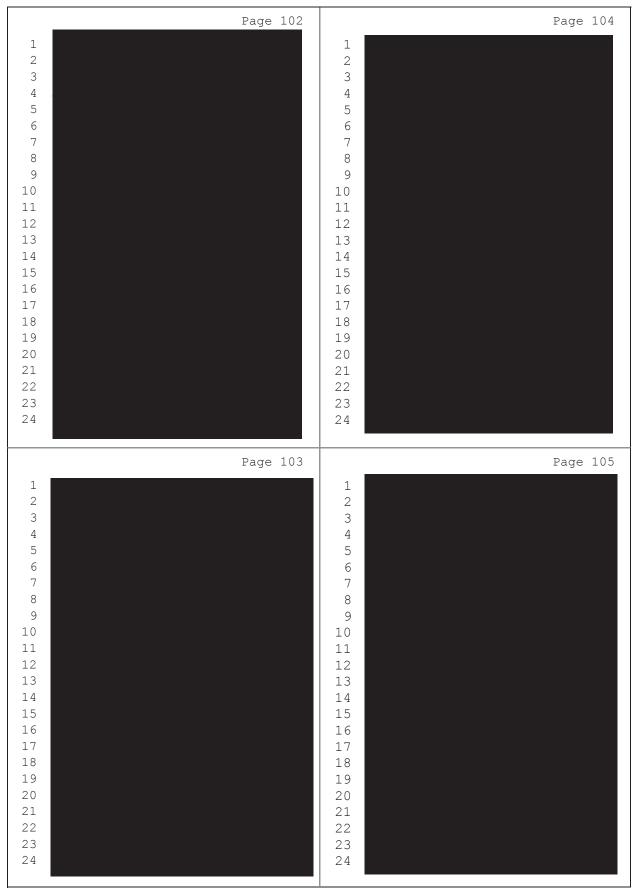
_			
	Page 86		Page 88
1	I didn't. No, I saw some	1	A. It's an industry group for
2	documentation in the last day or	2	the chains. And they have two meetings
3	so. But I I really don't	3	per year, which suppliers, which you
4	recall any details about it, you	4	know, whoever the pharmaceutical company
5	know.	5	is, attends. And it can be both for the
6	BY MS. SCULLION:	6	pharmacy end and for the non-pharmacy
7	Q. Fair enough. You have no	7	end. It's a pretty big they're pretty
8	reason to doubt the accuracy of what you	8	big meetings every twice a year.
9	wrote here in this performance appraisal,	9	Once one in the spring, one is coming
10	correct?	10	up in April/May, and one in the summer.
11	A. No, I don't. There's no	11	Q. Got it. And that was listed
12	reason to doubt it, no.	12	here, the "Actively participate in
13	Q. And this description of an	13	NACDS," was listed as increasing Endo
14	effort to document stocking of Opana and	14	penetration and entrenchment in key
15	Opana ER in 12,000 pharmacies, that's	15	strategic accounts. How would actively
16	consistent with what you just explained	16	participating in NACDS serve that goal?
17	to me about one of the roles of that	17	A. By attending those meetings
18	you had at Endo, correct?	18	and meeting with customers, and, you
19	MS. VANNI: Object to form.	19	know, showing the flag. We used to take
20	THE WITNESS: It was a role	20	a booth and have a booth. And most
21	I had in the last ten months or so	21	companies take a booth, and then the
22	before I left, yes. It was	22	customers come to your booth. And you
23	overseeing the stocking portion of	23	have a discussion. You show the flag.
24	the brand business that the	24	You are actively participating.
	the stand susmess that the		to the months of participants.
	Page 87		Page 89
1	national account executives were	1	It's expensive. There was
2	responsible for.	2	always somebody that would say, you know,
3	BY MS. SCULLION:	3	was it really worth it and that kind of
4	Q. Okay. Now, let's just stay	4	stuff. So when I you know, that was a
5	in the document same document for a	5	goal when we established objective that,
6	moment. If you'll go up to Page 5.	6	you know, my belief was, from a generic
7	Looking at the top of Page yeah, Page	7	perspective, if you're not there, if your
8	5 excuse me the first row.	8	absence is missed, you'll be that will
9	It says, "The objective is	9	be noticed. If everybody in the business
10	increase Endo penetration and	10	is there, and you're not there, that's a
11	entrenchment in key strategic accounts."	11	problem.
12	Do you see that?	12	So when I wrote this, you
13	A. Yes.	13	know, to go back, generics in Endo
14	Q. And then under that it says,	14	Pharmaceuticals was a very small portion
15	"Actively participate in NACDS, HDMA and	15	of their business compared to their brand
16	GPhA in leadership position."	16	business.
17	Did I read that correctly?	17	So to go to have a booth at
18	A. Yes.	18	NACDS, it's expensive. To have people to
19	Q. And then let's stick on	19	go to NACDS is expensive. There's always
20	that for a minute. What is NACDS?	20	someone questioning, you know, since
21	A. National Association of	21	generics was a small part of the
22	chain drug stores.	22	business, was it worth it.
23	Q. Okay. That was an industry	23	So when I wrote the
24	group for the trade?	24	objective, it was designed to say, if you
	group for the titue:	- 1	objective, it was designed to say, if you

	Page 90		Page 92
1	want to be have a player in generics	1	marketing in generics, the overall, you
2	and entrench yourself as a generic	2	know, your image, the overall ability to
3	player, then you have to participate in	3	service the account. That's more of the
4 .	these groups.	4	marketing approach.
5	Q. So for someone who's not as	5	So by going to an NACDS, if
6	familiar with the generic industry as	6	you're not there, you're going to be
7	obviously you are, why would being at a	7	missed, because they're going to know you
8	meeting like NACDS be important to the	8	are not there. Just you notice who's not
9	generic business as opposed to simply	9	there. If somebody is not there, you
10	competing based on price? Why would that	10	will notice it if you're in the business.
11	be important?	11	So it was important to go to
12	A. Well, first of all, you	12	NACDS. It was important to go to HDMA.
13	don't just compete based on price.	13	And it was obviously important to go to
14	That's not what you want. When you	14	GPhA.
15	compete, you know, you compete based on	15	Q. Okay. And we'll come to
16	how well you supply the product, how	16	those
17	responsible your customer service is.	17	A. Yeah, I understand.
18	These big accounts are busy.	18	Q organizations in a in
19	You know, they don't sit around all day	19	a minute. But so if I understand you
20	saying, gee whiz, it's 9:30 and Endo	20	correctly, in terms of not just competing
21	hasn't called me yet. That's not what	21	on price, but competing, you said, based
22	happens. They're extremely busy.	22	on your ability to service the accounts?
23	Supply is a big issue for	23	A. Multiple factors.
24	them, especially on big products,	24	Q. Okay. And so would speed of
	Page 91		Page 93
1	whatever the product might be, opiate or	1	customer service of processing orders be
2	non-opiate, doesn't make any difference.	2	an important factor?
3	If they have a fast-moving product or a	3	A. Yes.
4	big product and someone can't supply it,	4	Q. And an ability to just be
5	it's a very big problem.	5	responsive to orders as they come in,
6	I use the example in	6	that would be an important factor?
7	Seymour, Indiana, was where when I was	7	A. Yes. Yes.
8	at KU, where our manufacturing	8	Q. Okay.
9	headquarters was located.	9	A. That's yeah.
10	Q. Sorry, and KU is Kremers	10	Q. Fair to say customers really
11	Urban?	11	don't want to hear that when they place
12	A. Kremers Urban.	12	an order, there's a problem with you
13	Q. Thank you.	13	processing their order, right?
14	A. A town of 50,000. On one	14	MS. VANNI: Object to form.
		1	
15	corner is a CVS, and right across is a	15	THE WITNESS: Correct. Most
16	corner is a CVS, and right across is a Walgreens. So there's a lot of	15 16	THE WITNESS: Correct. Most customers, I don't remember or
16 17	corner is a CVS, and right across is a Walgreens. So there's a lot of competition. And if you can't supply,	15 16 17	THE WITNESS: Correct. Most customers, I don't remember or don't recall what it was at that
16 17 18	corner is a CVS, and right across is a Walgreens. So there's a lot of competition. And if you can't supply, that's going to get you're going to	15 16 17 18	THE WITNESS: Correct. Most customers, I don't remember or don't recall what it was at that time. But today, it's a
16 17 18 19	corner is a CVS, and right across is a Walgreens. So there's a lot of competition. And if you can't supply, that's going to get you're going to get noticed. So we don't just compete on	15 16 17 18 19	THE WITNESS: Correct. Most customers, I don't remember or don't recall what it was at that
16 17 18 19 20	corner is a CVS, and right across is a Walgreens. So there's a lot of competition. And if you can't supply, that's going to get you're going to get noticed. So we don't just compete on price. You don't want to just compete on	15 16 17 18 19 20	THE WITNESS: Correct. Most customers, I don't remember or don't recall what it was at that time. But today, it's a requirement that you service 98 percent of their purchase
16 17 18 19 20 21	corner is a CVS, and right across is a Walgreens. So there's a lot of competition. And if you can't supply, that's going to get you're going to get noticed. So we don't just compete on price. You don't want to just compete on price. You want to compete on other	15 16 17 18 19 20 21	THE WITNESS: Correct. Most customers, I don't remember or don't recall what it was at that time. But today, it's a requirement that you service 98 percent of their purchase orders.
16 17 18 19 20 21 22	corner is a CVS, and right across is a Walgreens. So there's a lot of competition. And if you can't supply, that's going to get you're going to get noticed. So we don't just compete on price. You don't want to just compete on price. You want to compete on other things.	15 16 17 18 19 20 21 22	THE WITNESS: Correct. Most customers, I don't remember or don't recall what it was at that time. But today, it's a requirement that you service 98 percent of their purchase
16 17 18 19 20 21 22 23	corner is a CVS, and right across is a Walgreens. So there's a lot of competition. And if you can't supply, that's going to get you're going to get noticed. So we don't just compete on price. You don't want to just compete on price. You want to compete on other things. And that's part of, you	15 16 17 18 19 20 21 22 23	THE WITNESS: Correct. Most customers, I don't remember or don't recall what it was at that time. But today, it's a requirement that you service 98 percent of their purchase orders. BY MS. SCULLION: Q. I'm sorry. What does that
16 17 18 19 20 21 22	corner is a CVS, and right across is a Walgreens. So there's a lot of competition. And if you can't supply, that's going to get you're going to get noticed. So we don't just compete on price. You don't want to just compete on price. You want to compete on other things.	15 16 17 18 19 20 21 22	THE WITNESS: Correct. Most customers, I don't remember or don't recall what it was at that time. But today, it's a requirement that you service 98 percent of their purchase orders. BY MS. SCULLION:

Page 94 Page 96 1 1 A. Number of lines in a PO, a Q. Okay. And I think you said, do you recall whether the 95 percent 2 purchase order -- I'm sorry I used -- a 2 3 purchase order comes in with a number of 3 level was in place when you were at Endo? lines. So the definition of a backorder 4 A. I don't recall. 4 percentage, 98 percent is based on number 5 5 Okav. O. of lines ordered based on number of lines 6 A. But it's possible. 6 Q. Okay. But putting aside the 7 filled 7 8 Q. And if you don't meet that 8 95, 98 percent, do you recall though when 9 9 98 percent, what happens? you were at Endo and in part working with A. They'll send you a bill. 10 the trade accounts, that there still was 10 You have to pay the difference. Today --11 a focus in the trade accounts on the 11 again, I don't remember what it is back 12 12 level of customer service that was being 13 in that time. But some accounts, I 13 provided? 14 think, had already started -- it was a 14 A. Yes. 15 big issue, supply. It was one thing to 15 Q. Okay. That was -- and again, regardless of whether there's a 16 differentiate. 16 But to finish my sentence, 17 95 percent threshold or not, still at 17 if you don't supply, then they will send that time when you were with Endo, the 18 18 you a bill for your price versus the next 19 trade accounts didn't want to have 19 20 lowest price generic. That's usually 20 hassles, for lack of a better word, with 21 what happens. 21 their orders, right? 22 And it's an order for you to 22 A. Correct. 23 23 O. They wanted their orders to be open and honest about how soon you can be taken and processed, right? 24 supply, because if you want to pay them, 24 Page 95 Page 97 great. They'll keep the spot for you 1 A. Correct. 1 2 open until you can supply again. 2 Q. No questions asked? 3 But it's designed to be 3 MS. VANNI: Object to form. financially painful so that if you can't 4 THE WITNESS: Well, that's 4 supply, that you'll say I can't supply 5 5 what their expectation was. 6 and give up the business. And then once 6 BY MS. SCULLION: 7 Q. Right. 7 you give it up, you won't get it back. 8 So it's designed that 8 9 9 they're not out of product, because they 10 have a lot of pharmacies, a lot of 10 stocking, a lot of issues and they don't 11 11 want to have an issue with being out of 12 12 13 13 stock. Being out of stock is the worst 14 thing you can do. 14 So part of how we 15 15 16 differentiate ourselves wherever I have 16 17 17 worked is we've been able to supply 95, 18 18 98 percent. Okay. 19 19 Now, over time, it used to be 95, if I recall correctly, and, you 20 20 21 21 know, they have become more aggressive now, and it moved more to 98 percent. So 22 22 2.3 they give you very little leeway for 23 24 24 error.

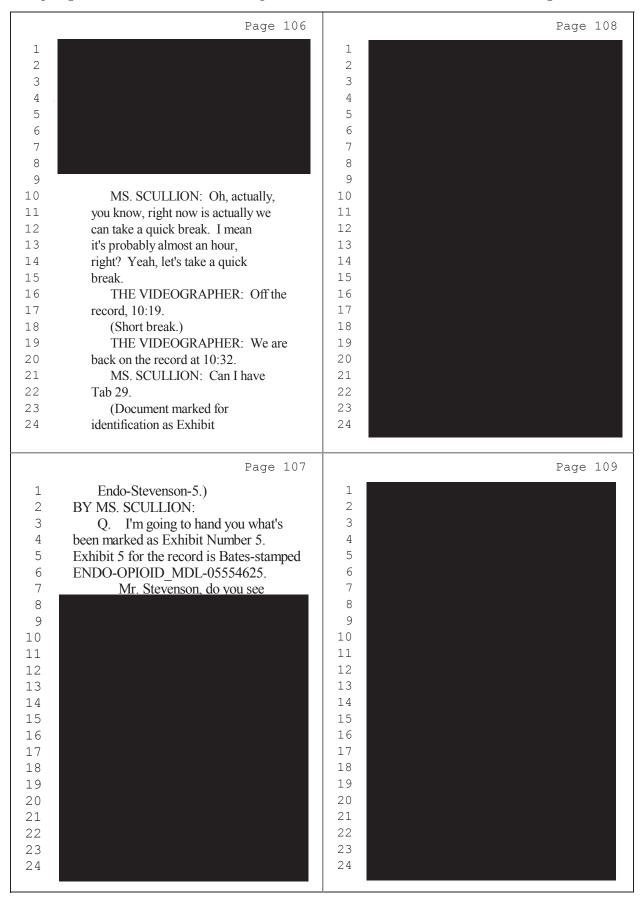


26 (Pages 98 to 101)

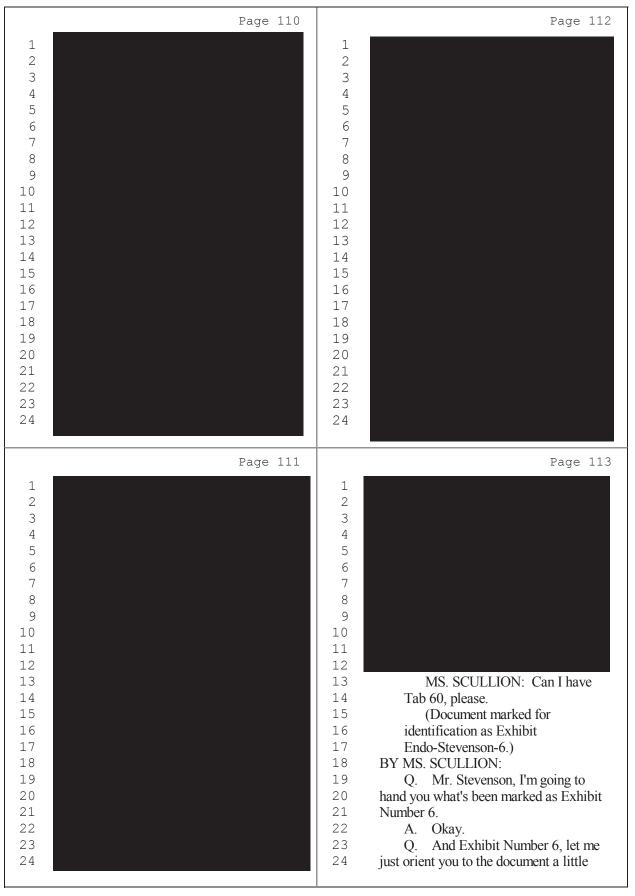


27 (Pages 102 to 105)

Highly Confidential - Subject to Further Confidentiality Review



28 (Pages 106 to 109)



29 (Pages 110 to 113)

	Page 114		Page 116
1	bit. On the first page of Exhibit 6	1	metadata that is provided in
2	is you see at the top it says document	2	accordance with the ESI protocol.
3	metadata. This is a document produced	3	So the metadata itself is what was
4 .	from the document system we used to store	4	coming from Endo in the
5	all the documents that Endo and other	5	production.
6	parties have produced to us in the	6	MS. VANNI: Okay.
7	litigation. And this is indicating the	7	MS. SCULLION: Okay? Thank
8	metadata, electronic metadata associated	8	you.
9	with the document.	9	MS. VANNI: Thank you.
10	And from time to time today,	10	MS. SCULLION: Sure.
11	I might be showing you these metadata	11	BY MS. SCULLION:
12	pages to help you understand what the	12	Q. If we go then to the
13	document is.	13	substance of the exhibit itself, you turn
14	If you look on this first	14	to the second page of Exhibit 6. And you
15	page of Exhibit 6, under the first box,	15	see this is a PowerPoint entitled Trade
16	do you see document identification, that	16	Organization Memberships?
17	first box at the top?	17	A. Yes.
18	A. Yes.	18	Q. And it says at the bottom
19	Q. Okay. And if you'll go down	19	here, OpCom 4/28/04. Do you remember
20	to the bottom of that box, you'll see a	20	what OpCom was at Endo in April of 2004?
21		21	1
22	line that says custodian. Do you see	22	A. It was the operations
	that?	23	committee of the company. Some people
23	A. Yes.		would call it the executive committee.
24	Q. And it says your name there.	24	It was the operations committee of the
	Dog 115		
	Page 115		Page 117
1		1	
1 2	Do you see that? A. Yes.	1 2	company.
2	Do you see that? A. Yes.	2	company. Q. Were you ever a member of
	Do you see that? A. Yes. Q. And just so you understand,	2 3	company.
2 3 4	Do you see that? A. Yes. Q. And just so you understand, that's an indication that, according to	2 3 4	company. Q. Were you ever a member of the OpCom? A. No.
2 3 4 5	Do you see that? A. Yes. Q. And just so you understand, that's an indication that, according to the metadata produced with the document	2 3 4 5	company. Q. Were you ever a member of the OpCom? A. No. Q. Okay. And let's turn
2 3 4	Do you see that? A. Yes. Q. And just so you understand, that's an indication that, according to the metadata produced with the document in this litigation, the document came	2 3 4	company. Q. Were you ever a member of the OpCom? A. No. Q. Okay. And let's turn through the exhibit. Next page. Page 2
2 3 4 5 6 7	Do you see that? A. Yes. Q. And just so you understand, that's an indication that, according to the metadata produced with the document in this litigation, the document came from your custodial file at at Endo.	2 3 4 5 6 7	company. Q. Were you ever a member of the OpCom? A. No. Q. Okay. And let's turn through the exhibit. Next page. Page 2 of the PowerPoint identifies two trade
2 3 4 5 6	Do you see that? A. Yes. Q. And just so you understand, that's an indication that, according to the metadata produced with the document in this litigation, the document came from your custodial file at at Endo. So I'm just pointing it out to you so you	2 3 4 5 6	company. Q. Were you ever a member of the OpCom? A. No. Q. Okay. And let's turn through the exhibit. Next page. Page 2
2 3 4 5 6 7 8	Do you see that? A. Yes. Q. And just so you understand, that's an indication that, according to the metadata produced with the document in this litigation, the document came from your custodial file at at Endo. So I'm just pointing it out to you so you have some understanding.	2 3 4 5 6 7 8	company. Q. Were you ever a member of the OpCom? A. No. Q. Okay. And let's turn through the exhibit. Next page. Page 2 of the PowerPoint identifies two trade organizations. One is PhRMA. And the second is the Generic Pharmaceutical
2 3 4 5 6 7 8 9	Do you see that? A. Yes. Q. And just so you understand, that's an indication that, according to the metadata produced with the document in this litigation, the document came from your custodial file at at Endo. So I'm just pointing it out to you so you have some understanding. A. Okay. Thank you.	2 3 4 5 6 7 8 9	company. Q. Were you ever a member of the OpCom? A. No. Q. Okay. And let's turn through the exhibit. Next page. Page 2 of the PowerPoint identifies two trade organizations. One is PhRMA. And the second is the Generic Pharmaceutical Association. Do you see that?
2 3 4 5 6 7 8 9 10	A. Yes. Q. And just so you understand, that's an indication that, according to the metadata produced with the document in this litigation, the document came from your custodial file at at Endo. So I'm just pointing it out to you so you have some understanding. A. Okay. Thank you. Q. Okay? Great.	2 3 4 5 6 7 8 9 10 11	company. Q. Were you ever a member of the OpCom? A. No. Q. Okay. And let's turn through the exhibit. Next page. Page 2 of the PowerPoint identifies two trade organizations. One is PhRMA. And the second is the Generic Pharmaceutical Association. Do you see that? A. Yes.
2 3 4 5 6 7 8 9 10 11	A. Yes. Q. And just so you understand, that's an indication that, according to the metadata produced with the document in this litigation, the document came from your custodial file at at Endo. So I'm just pointing it out to you so you have some understanding. A. Okay. Thank you. Q. Okay? Great. MS. VANNI: So then to be	2 3 4 5 6 7 8 9 10 11 12	company. Q. Were you ever a member of the OpCom? A. No. Q. Okay. And let's turn through the exhibit. Next page. Page 2 of the PowerPoint identifies two trade organizations. One is PhRMA. And the second is the Generic Pharmaceutical Association. Do you see that? A. Yes. Q. And the Generic
2 3 4 5 6 7 8 9 10 11 12 13	A. Yes. Q. And just so you understand, that's an indication that, according to the metadata produced with the document in this litigation, the document came from your custodial file at at Endo. So I'm just pointing it out to you so you have some understanding. A. Okay. Thank you. Q. Okay? Great. MS. VANNI: So then to be clear, Counsel, can I ask a	2 3 4 5 6 7 8 9 10 11 12 13	company. Q. Were you ever a member of the OpCom? A. No. Q. Okay. And let's turn through the exhibit. Next page. Page 2 of the PowerPoint identifies two trade organizations. One is PhRMA. And the second is the Generic Pharmaceutical Association. Do you see that? A. Yes. Q. And the Generic Pharmaceutical Pharmaceutical Association, that's the
2 3 4 5 6 7 8 9 10 11 12 13 14	A. Yes. Q. And just so you understand, that's an indication that, according to the metadata produced with the document in this litigation, the document came from your custodial file at at Endo. So I'm just pointing it out to you so you have some understanding. A. Okay. Thank you. Q. Okay? Great. MS. VANNI: So then to be clear, Counsel, can I ask a question?	2 3 4 5 6 7 8 9 10 11 12 13 14	company. Q. Were you ever a member of the OpCom? A. No. Q. Okay. And let's turn through the exhibit. Next page. Page 2 of the PowerPoint identifies two trade organizations. One is PhRMA. And the second is the Generic Pharmaceutical Association. Do you see that? A. Yes. Q. And the Generic Pharmaceutical Pharmaceutical Association, that's the one that we were just discussing a few
2 3 4 5 6 7 8 9 10 11 12 13 14 15	A. Yes. Q. And just so you understand, that's an indication that, according to the metadata produced with the document in this litigation, the document came from your custodial file at at Endo. So I'm just pointing it out to you so you have some understanding. A. Okay. Thank you. Q. Okay? Great. MS. VANNI: So then to be clear, Counsel, can I ask a question? MS. SCULLION: Sure.	2 3 4 5 6 7 8 9 10 11 12 13 14 15	company. Q. Were you ever a member of the OpCom? A. No. Q. Okay. And let's turn through the exhibit. Next page. Page 2 of the PowerPoint identifies two trade organizations. One is PhRMA. And the second is the Generic Pharmaceutical Association. Do you see that? A. Yes. Q. And the Generic Pharmaceutical Pharmaceutical Association, that's the one that we were just discussing a few minutes ago, correct?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. Yes. Q. And just so you understand, that's an indication that, according to the metadata produced with the document in this litigation, the document came from your custodial file at at Endo. So I'm just pointing it out to you so you have some understanding. A. Okay. Thank you. Q. Okay? Great. MS. VANNI: So then to be clear, Counsel, can I ask a question? MS. SCULLION: Sure. MS. VANNI: This information	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	company. Q. Were you ever a member of the OpCom? A. No. Q. Okay. And let's turn through the exhibit. Next page. Page 2 of the PowerPoint identifies two trade organizations. One is PhRMA. And the second is the Generic Pharmaceutical Association. Do you see that? A. Yes. Q. And the Generic Pharmaceutical Pharmaceutical Association, that's the one that we were just discussing a few minutes ago, correct? A. Correct.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. Yes. Q. And just so you understand, that's an indication that, according to the metadata produced with the document in this litigation, the document came from your custodial file at at Endo. So I'm just pointing it out to you so you have some understanding. A. Okay. Thank you. Q. Okay? Great. MS. VANNI: So then to be clear, Counsel, can I ask a question? MS. SCULLION: Sure. MS. VANNI: This information on this first page, document	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	company. Q. Were you ever a member of the OpCom? A. No. Q. Okay. And let's turn through the exhibit. Next page. Page 2 of the PowerPoint identifies two trade organizations. One is PhRMA. And the second is the Generic Pharmaceutical Association. Do you see that? A. Yes. Q. And the Generic Pharmaceutical Association, that's the one that we were just discussing a few minutes ago, correct? A. Correct. Q. All right. Apologies.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Yes. Q. And just so you understand, that's an indication that, according to the metadata produced with the document in this litigation, the document came from your custodial file at at Endo. So I'm just pointing it out to you so you have some understanding. A. Okay. Thank you. Q. Okay? Great. MS. VANNI: So then to be clear, Counsel, can I ask a question? MS. SCULLION: Sure. MS. VANNI: This information on this first page, document metadata	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	company. Q. Were you ever a member of the OpCom? A. No. Q. Okay. And let's turn through the exhibit. Next page. Page 2 of the PowerPoint identifies two trade organizations. One is PhRMA. And the second is the Generic Pharmaceutical Association. Do you see that? A. Yes. Q. And the Generic Pharmaceutical Association, that's the one that we were just discussing a few minutes ago, correct? A. Correct. Q. All right. Apologies. Are you familiar with
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	A. Yes. Q. And just so you understand, that's an indication that, according to the metadata produced with the document in this litigation, the document came from your custodial file at at Endo. So I'm just pointing it out to you so you have some understanding. A. Okay. Thank you. Q. Okay? Great. MS. VANNI: So then to be clear, Counsel, can I ask a question? MS. SCULLION: Sure. MS. VANNI: This information on this first page, document metadata MS. SCULLION: Yeah.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	company. Q. Were you ever a member of the OpCom? A. No. Q. Okay. And let's turn through the exhibit. Next page. Page 2 of the PowerPoint identifies two trade organizations. One is PhRMA. And the second is the Generic Pharmaceutical Association. Do you see that? A. Yes. Q. And the Generic Pharmaceutical Pharmaceutical Association, that's the one that we were just discussing a few minutes ago, correct? A. Correct. Q. All right. Apologies. Are you familiar with with PhRMA as well as the Generic
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Yes. Q. And just so you understand, that's an indication that, according to the metadata produced with the document in this litigation, the document came from your custodial file at at Endo. So I'm just pointing it out to you so you have some understanding. A. Okay. Thank you. Q. Okay? Great. MS. VANNI: So then to be clear, Counsel, can I ask a question? MS. SCULLION: Sure. MS. VANNI: This information on this first page, document metadata MS. SCULLION: Yeah. MS. VANNI: this is	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	company. Q. Were you ever a member of the OpCom? A. No. Q. Okay. And let's turn through the exhibit. Next page. Page 2 of the PowerPoint identifies two trade organizations. One is PhRMA. And the second is the Generic Pharmaceutical Association. Do you see that? A. Yes. Q. And the Generic Pharmaceutical Association, that's the one that we were just discussing a few minutes ago, correct? A. Correct. Q. All right. Apologies. Are you familiar with with PhRMA as well as the Generic Pharmaceutical Association?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Yes. Q. And just so you understand, that's an indication that, according to the metadata produced with the document in this litigation, the document came from your custodial file at at Endo. So I'm just pointing it out to you so you have some understanding. A. Okay. Thank you. Q. Okay? Great. MS. VANNI: So then to be clear, Counsel, can I ask a question? MS. SCULLION: Sure. MS. VANNI: This information on this first page, document metadata MS. SCULLION: Yeah. MS. VANNI: this is information that's stored in your	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	company. Q. Were you ever a member of the OpCom? A. No. Q. Okay. And let's turn through the exhibit. Next page. Page 2 of the PowerPoint identifies two trade organizations. One is PhRMA. And the second is the Generic Pharmaceutical Association. Do you see that? A. Yes. Q. And the Generic Pharmaceutical Association, that's the one that we were just discussing a few minutes ago, correct? A. Correct. Q. All right. Apologies. Are you familiar with with PhRMA as well as the Generic Pharmaceutical Association? A. How do you define familiar?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Yes. Q. And just so you understand, that's an indication that, according to the metadata produced with the document in this litigation, the document came from your custodial file at at Endo. So I'm just pointing it out to you so you have some understanding. A. Okay. Thank you. Q. Okay? Great. MS. VANNI: So then to be clear, Counsel, can I ask a question? MS. SCULLION: Sure. MS. VANNI: This information on this first page, document metadata MS. SCULLION: Yeah. MS. VANNI: this is information that's stored in your system though?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	company. Q. Were you ever a member of the OpCom? A. No. Q. Okay. And let's turn through the exhibit. Next page. Page 2 of the PowerPoint identifies two trade organizations. One is PhRMA. And the second is the Generic Pharmaceutical Association. Do you see that? A. Yes. Q. And the Generic Pharmaceutical Association, that's the one that we were just discussing a few minutes ago, correct? A. Correct. Q. All right. Apologies. Are you familiar with with PhRMA as well as the Generic Pharmaceutical Association? A. How do you define familiar? Q. Have you been involved with
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Yes. Q. And just so you understand, that's an indication that, according to the metadata produced with the document in this litigation, the document came from your custodial file at at Endo. So I'm just pointing it out to you so you have some understanding. A. Okay. Thank you. Q. Okay? Great. MS. VANNI: So then to be clear, Counsel, can I ask a question? MS. SCULLION: Sure. MS. VANNI: This information on this first page, document metadata MS. SCULLION: Yeah. MS. VANNI: this is information that's stored in your system though? MS. SCULLION: It is stored	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	company. Q. Were you ever a member of the OpCom? A. No. Q. Okay. And let's turn through the exhibit. Next page. Page 2 of the PowerPoint identifies two trade organizations. One is PhRMA. And the second is the Generic Pharmaceutical Association. Do you see that? A. Yes. Q. And the Generic Pharmaceutical Association, that's the one that we were just discussing a few minutes ago, correct? A. Correct. Q. All right. Apologies. Are you familiar with with PhRMA as well as the Generic Pharmaceutical Association? A. How do you define familiar? Q. Have you been involved with PhRMA yourself?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Yes. Q. And just so you understand, that's an indication that, according to the metadata produced with the document in this litigation, the document came from your custodial file at at Endo. So I'm just pointing it out to you so you have some understanding. A. Okay. Thank you. Q. Okay? Great. MS. VANNI: So then to be clear, Counsel, can I ask a question? MS. SCULLION: Sure. MS. VANNI: This information on this first page, document metadata MS. SCULLION: Yeah. MS. VANNI: this is information that's stored in your system though?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	company. Q. Were you ever a member of the OpCom? A. No. Q. Okay. And let's turn through the exhibit. Next page. Page 2 of the PowerPoint identifies two trade organizations. One is PhRMA. And the second is the Generic Pharmaceutical Association. Do you see that? A. Yes. Q. And the Generic Pharmaceutical Association, that's the one that we were just discussing a few minutes ago, correct? A. Correct. Q. All right. Apologies. Are you familiar with with PhRMA as well as the Generic Pharmaceutical Association? A. How do you define familiar? Q. Have you been involved with

	5 110		D 100
	Page 118		Page 120
1	Q. Okay.	1	point here says, "Our industry is among
2	A. It's a it's a brand.	2	the most heavily regulated in the U.S.,
3	It's the brand trade association for	3	and what happens in Washington matters a
4 .	the brand PhRMA industry.	4	lot."
5	Q. Okay. Then do you recall	5	Do you see that?
6	any discussions at Endo about whether	6	A. Yes.
7	Endo should be a member of PhRMA when you	7	Q. And then the next bullet
8	were there?	8	point under that says, "Having access to
9	A. Yes, I do.	9	the knowledge and influence of PhRMA can
10	Q. So let's look at that. If	10	support us to sustaining and growing the
11	you'll turn to page 12 of	11	business."
12	A. Can I just offer one	12	Did I read that correctly?
13	additional comment?	13	A. Yes.
14	Q. Sure.	14	Q. And was that, what's written
15	A. I sat in meetings where	15	there, was that generally a topic that
16	PhRMA was discussed. I wasn't involved	16	was discussed at Endo when you were
17	in the decision or any representation of	17	there?
18	whether Endo should join PhRMA or not. I	18	MS. VANNI: Object to form.
19	just want to be clear about that.	19	THE WITNESS: This PhRMA is
20	Q. You were in the meetings	20	the brand business.
21	though, where it was discussed?	21	BY MS. SCULLION:
22	A. Well, this meeting it was	22	Q. Right.
23	discussed. That's the point of this	23	A. Okay. So I'm not I
24	meeting obviously.	24	wasn't involved with PhRMA. So you can
24	inecting doviousity.	24	washt involved with I hixiviA. 30 you can
	Page 119		Page 121
1	O. All right. And you think	1	
1 2	Q. All right. And you think this was a meeting you would have	1 2	ask me all the questions you want about
	this was a meeting you would have		
2	this was a meeting you would have attended?	2	ask me all the questions you want about PhRMA, but, you know, I this is not my area. This was directed from the brand
2 3 4	this was a meeting you would have attended? A. Well, it had GPhA, so I	2 3 4	ask me all the questions you want about PhRMA, but, you know, I this is not my area. This was directed from the brand people to the leadership of the company,
2 3 4 5	this was a meeting you would have attended? A. Well, it had GPhA, so I would have been there. If I remember	2 3 4 5	ask me all the questions you want about PhRMA, but, you know, I this is not my area. This was directed from the brand people to the leadership of the company, whether Endo should belong to PhRMA.
2 3 4	this was a meeting you would have attended? A. Well, it had GPhA, so I would have been there. If I remember this meeting correctly, it was discussing	2 3 4	ask me all the questions you want about PhRMA, but, you know, I this is not my area. This was directed from the brand people to the leadership of the company, whether Endo should belong to PhRMA. Q. Understood.
2 3 4 5 6 7	this was a meeting you would have attended? A. Well, it had GPhA, so I would have been there. If I remember this meeting correctly, it was discussing the the benefits belonging to a	2 3 4 5 6 7	ask me all the questions you want about PhRMA, but, you know, I this is not my area. This was directed from the brand people to the leadership of the company, whether Endo should belong to PhRMA. Q. Understood. A. Okay.
2 3 4 5 6 7 8	this was a meeting you would have attended? A. Well, it had GPhA, so I would have been there. If I remember this meeting correctly, it was discussing the the benefits belonging to a member. Endo had two businesses, the	2 3 4 5 6 7 8	ask me all the questions you want about PhRMA, but, you know, I this is not my area. This was directed from the brand people to the leadership of the company, whether Endo should belong to PhRMA. Q. Understood. A. Okay. Q. But just to just to make
2 3 4 5 6 7 8 9	this was a meeting you would have attended? A. Well, it had GPhA, so I would have been there. If I remember this meeting correctly, it was discussing the the benefits belonging to a member. Endo had two businesses, the brand business, generics business. Do I	2 3 4 5 6 7 8	ask me all the questions you want about PhRMA, but, you know, I this is not my area. This was directed from the brand people to the leadership of the company, whether Endo should belong to PhRMA. Q. Understood. A. Okay. Q. But just to just to make sure though, do you recall discussions
2 3 4 5 6 7 8 9	this was a meeting you would have attended? A. Well, it had GPhA, so I would have been there. If I remember this meeting correctly, it was discussing the the benefits belonging to a member. Endo had two businesses, the brand business, generics business. Do I belong should the brand business Endo	2 3 4 5 6 7 8 9	ask me all the questions you want about PhRMA, but, you know, I this is not my area. This was directed from the brand people to the leadership of the company, whether Endo should belong to PhRMA. Q. Understood. A. Okay. Q. But just to just to make sure though, do you recall discussions about Endo being interested in
2 3 4 5 6 7 8 9 10	this was a meeting you would have attended? A. Well, it had GPhA, so I would have been there. If I remember this meeting correctly, it was discussing the the benefits belonging to a member. Endo had two businesses, the brand business, generics business. Do I belong should the brand business Endo belong to PhRMA to support its brand	2 3 4 5 6 7 8 9 10	ask me all the questions you want about PhRMA, but, you know, I this is not my area. This was directed from the brand people to the leadership of the company, whether Endo should belong to PhRMA. Q. Understood. A. Okay. Q. But just to just to make sure though, do you recall discussions about Endo being interested in potentially being a member of PhRMA,
2 3 4 5 6 7 8 9 10 11	this was a meeting you would have attended? A. Well, it had GPhA, so I would have been there. If I remember this meeting correctly, it was discussing the the benefits belonging to a member. Endo had two businesses, the brand business, generics business. Do I belong should the brand business Endo belong to PhRMA to support its brand business, and should it belong to GPhA to	2 3 4 5 6 7 8 9 10 11 12	ask me all the questions you want about PhRMA, but, you know, I this is not my area. This was directed from the brand people to the leadership of the company, whether Endo should belong to PhRMA. Q. Understood. A. Okay. Q. But just to just to make sure though, do you recall discussions about Endo being interested in potentially being a member of PhRMA, because having access to the knowledge
2 3 4 5 6 7 8 9 10 11 12 13	this was a meeting you would have attended? A. Well, it had GPhA, so I would have been there. If I remember this meeting correctly, it was discussing the the benefits belonging to a member. Endo had two businesses, the brand business, generics business. Do I belong should the brand business Endo belong to PhRMA to support its brand business, and should it belong to GPhA to support its generics business. So that's	2 3 4 5 6 7 8 9 10 11 12 13	ask me all the questions you want about PhRMA, but, you know, I this is not my area. This was directed from the brand people to the leadership of the company, whether Endo should belong to PhRMA. Q. Understood. A. Okay. Q. But just to just to make sure though, do you recall discussions about Endo being interested in potentially being a member of PhRMA, because having access to the knowledge and influence of PhRMA can support Endo
2 3 4 5 6 7 8 9 10 11 12 13 14	this was a meeting you would have attended? A. Well, it had GPhA, so I would have been there. If I remember this meeting correctly, it was discussing the the benefits belonging to a member. Endo had two businesses, the brand business, generics business. Do I belong should the brand business Endo belong to PhRMA to support its brand business, and should it belong to GPhA to support its generics business. So that's what this is about.	2 3 4 5 6 7 8 9 10 11 12 13 14	ask me all the questions you want about PhRMA, but, you know, I this is not my area. This was directed from the brand people to the leadership of the company, whether Endo should belong to PhRMA. Q. Understood. A. Okay. Q. But just to just to make sure though, do you recall discussions about Endo being interested in potentially being a member of PhRMA, because having access to the knowledge and influence of PhRMA can support Endo in sustaining and growing the business?
2 3 4 5 6 7 8 9 10 11 12 13 14 15	this was a meeting you would have attended? A. Well, it had GPhA, so I would have been there. If I remember this meeting correctly, it was discussing the the benefits belonging to a member. Endo had two businesses, the brand business, generics business. Do I belong should the brand business Endo belong to PhRMA to support its brand business, and should it belong to GPhA to support its generics business. So that's what this is about. Q. Okay. Fair enough. So	2 3 4 5 6 7 8 9 10 11 12 13 14 15	ask me all the questions you want about PhRMA, but, you know, I this is not my area. This was directed from the brand people to the leadership of the company, whether Endo should belong to PhRMA. Q. Understood. A. Okay. Q. But just to just to make sure though, do you recall discussions about Endo being interested in potentially being a member of PhRMA, because having access to the knowledge and influence of PhRMA can support Endo in sustaining and growing the business? A. Well, I would have heard it
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	this was a meeting you would have attended? A. Well, it had GPhA, so I would have been there. If I remember this meeting correctly, it was discussing the the benefits belonging to a member. Endo had two businesses, the brand business, generics business. Do I belong should the brand business Endo belong to PhRMA to support its brand business, and should it belong to GPhA to support its generics business. So that's what this is about. Q. Okay. Fair enough. So let's go to page 12 of the PowerPoint.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	ask me all the questions you want about PhRMA, but, you know, I this is not my area. This was directed from the brand people to the leadership of the company, whether Endo should belong to PhRMA. Q. Understood. A. Okay. Q. But just to just to make sure though, do you recall discussions about Endo being interested in potentially being a member of PhRMA, because having access to the knowledge and influence of PhRMA can support Endo in sustaining and growing the business? A. Well, I would have heard it at this meeting if it came up, yeah. So
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	this was a meeting you would have attended? A. Well, it had GPhA, so I would have been there. If I remember this meeting correctly, it was discussing the the benefits belonging to a member. Endo had two businesses, the brand business, generics business. Do I belong should the brand business Endo belong to PhRMA to support its brand business, and should it belong to GPhA to support its generics business. So that's what this is about. Q. Okay. Fair enough. So let's go to page 12 of the PowerPoint. If you look in the lower right-hand	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	ask me all the questions you want about PhRMA, but, you know, I this is not my area. This was directed from the brand people to the leadership of the company, whether Endo should belong to PhRMA. Q. Understood. A. Okay. Q. But just to just to make sure though, do you recall discussions about Endo being interested in potentially being a member of PhRMA, because having access to the knowledge and influence of PhRMA can support Endo in sustaining and growing the business? A. Well, I would have heard it at this meeting if it came up, yeah. So I mean it came up. PhRMA is is
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	this was a meeting you would have attended? A. Well, it had GPhA, so I would have been there. If I remember this meeting correctly, it was discussing the the benefits belonging to a member. Endo had two businesses, the brand business, generics business. Do I belong should the brand business Endo belong to PhRMA to support its brand business, and should it belong to GPhA to support its generics business. So that's what this is about. Q. Okay. Fair enough. So let's go to page 12 of the PowerPoint. If you look in the lower right-hand corner you'll see the page numbers.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	ask me all the questions you want about PhRMA, but, you know, I this is not my area. This was directed from the brand people to the leadership of the company, whether Endo should belong to PhRMA. Q. Understood. A. Okay. Q. But just to just to make sure though, do you recall discussions about Endo being interested in potentially being a member of PhRMA, because having access to the knowledge and influence of PhRMA can support Endo in sustaining and growing the business? A. Well, I would have heard it at this meeting if it came up, yeah. So I mean it came up. PhRMA is is designed to support the brand PhRMA
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	this was a meeting you would have attended? A. Well, it had GPhA, so I would have been there. If I remember this meeting correctly, it was discussing the the benefits belonging to a member. Endo had two businesses, the brand business, generics business. Do I belong should the brand business Endo belong to PhRMA to support its brand business, and should it belong to GPhA to support its generics business. So that's what this is about. Q. Okay. Fair enough. So let's go to page 12 of the PowerPoint. If you look in the lower right-hand corner you'll see the page numbers. A. Yep. Okay.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	ask me all the questions you want about PhRMA, but, you know, I this is not my area. This was directed from the brand people to the leadership of the company, whether Endo should belong to PhRMA. Q. Understood. A. Okay. Q. But just to just to make sure though, do you recall discussions about Endo being interested in potentially being a member of PhRMA, because having access to the knowledge and influence of PhRMA can support Endo in sustaining and growing the business? A. Well, I would have heard it at this meeting if it came up, yeah. So I mean it came up. PhRMA is is designed to support the brand PhRMA industry and their members in PhRMA.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	this was a meeting you would have attended? A. Well, it had GPhA, so I would have been there. If I remember this meeting correctly, it was discussing the the benefits belonging to a member. Endo had two businesses, the brand business, generics business. Do I belong should the brand business Endo belong to PhRMA to support its brand business, and should it belong to GPhA to support its generics business. So that's what this is about. Q. Okay. Fair enough. So let's go to page 12 of the PowerPoint. If you look in the lower right-hand corner you'll see the page numbers. A. Yep. Okay. Q. Make sure we are literally	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	ask me all the questions you want about PhRMA, but, you know, I this is not my area. This was directed from the brand people to the leadership of the company, whether Endo should belong to PhRMA. Q. Understood. A. Okay. Q. But just to just to make sure though, do you recall discussions about Endo being interested in potentially being a member of PhRMA, because having access to the knowledge and influence of PhRMA can support Endo in sustaining and growing the business? A. Well, I would have heard it at this meeting if it came up, yeah. So I mean it came up. PhRMA is is designed to support the brand PhRMA industry and their members in PhRMA. That's what they do.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	this was a meeting you would have attended? A. Well, it had GPhA, so I would have been there. If I remember this meeting correctly, it was discussing the the benefits belonging to a member. Endo had two businesses, the brand business, generics business. Do I belong should the brand business Endo belong to PhRMA to support its brand business, and should it belong to GPhA to support its generics business. So that's what this is about. Q. Okay. Fair enough. So let's go to page 12 of the PowerPoint. If you look in the lower right-hand corner you'll see the page numbers. A. Yep. Okay. Q. Make sure we are literally on the same page. The top of the page	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	ask me all the questions you want about PhRMA, but, you know, I this is not my area. This was directed from the brand people to the leadership of the company, whether Endo should belong to PhRMA. Q. Understood. A. Okay. Q. But just to just to make sure though, do you recall discussions about Endo being interested in potentially being a member of PhRMA, because having access to the knowledge and influence of PhRMA can support Endo in sustaining and growing the business? A. Well, I would have heard it at this meeting if it came up, yeah. So I mean it came up. PhRMA is is designed to support the brand PhRMA industry and their members in PhRMA. That's what they do. Q. And and it does that, as
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	this was a meeting you would have attended? A. Well, it had GPhA, so I would have been there. If I remember this meeting correctly, it was discussing the the benefits belonging to a member. Endo had two businesses, the brand business, generics business. Do I belong should the brand business Endo belong to PhRMA to support its brand business, and should it belong to GPhA to support its generics business. So that's what this is about. Q. Okay. Fair enough. So let's go to page 12 of the PowerPoint. If you look in the lower right-hand corner you'll see the page numbers. A. Yep. Okay. Q. Make sure we are literally on the same page. The top of the page says critical issues, right?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	ask me all the questions you want about PhRMA, but, you know, I this is not my area. This was directed from the brand people to the leadership of the company, whether Endo should belong to PhRMA. Q. Understood. A. Okay. Q. But just to just to make sure though, do you recall discussions about Endo being interested in potentially being a member of PhRMA, because having access to the knowledge and influence of PhRMA can support Endo in sustaining and growing the business? A. Well, I would have heard it at this meeting if it came up, yeah. So I mean it came up. PhRMA is is designed to support the brand PhRMA industry and their members in PhRMA. That's what they do. Q. And and it does that, as this document indicates, in part, by
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	this was a meeting you would have attended? A. Well, it had GPhA, so I would have been there. If I remember this meeting correctly, it was discussing the the benefits belonging to a member. Endo had two businesses, the brand business, generics business. Do I belong should the brand business Endo belong to PhRMA to support its brand business, and should it belong to GPhA to support its generics business. So that's what this is about. Q. Okay. Fair enough. So let's go to page 12 of the PowerPoint. If you look in the lower right-hand corner you'll see the page numbers. A. Yep. Okay. Q. Make sure we are literally on the same page. The top of the page says critical issues, right? A. Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	ask me all the questions you want about PhRMA, but, you know, I this is not my area. This was directed from the brand people to the leadership of the company, whether Endo should belong to PhRMA. Q. Understood. A. Okay. Q. But just to just to make sure though, do you recall discussions about Endo being interested in potentially being a member of PhRMA, because having access to the knowledge and influence of PhRMA can support Endo in sustaining and growing the business? A. Well, I would have heard it at this meeting if it came up, yeah. So I mean it came up. PhRMA is is designed to support the brand PhRMA industry and their members in PhRMA. That's what they do. Q. And and it does that, as this document indicates, in part, by access to knowledge, correct?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	this was a meeting you would have attended? A. Well, it had GPhA, so I would have been there. If I remember this meeting correctly, it was discussing the the benefits belonging to a member. Endo had two businesses, the brand business, generics business. Do I belong should the brand business Endo belong to PhRMA to support its brand business, and should it belong to GPhA to support its generics business. So that's what this is about. Q. Okay. Fair enough. So let's go to page 12 of the PowerPoint. If you look in the lower right-hand corner you'll see the page numbers. A. Yep. Okay. Q. Make sure we are literally on the same page. The top of the page says critical issues, right?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	ask me all the questions you want about PhRMA, but, you know, I this is not my area. This was directed from the brand people to the leadership of the company, whether Endo should belong to PhRMA. Q. Understood. A. Okay. Q. But just to just to make sure though, do you recall discussions about Endo being interested in potentially being a member of PhRMA, because having access to the knowledge and influence of PhRMA can support Endo in sustaining and growing the business? A. Well, I would have heard it at this meeting if it came up, yeah. So I mean it came up. PhRMA is is designed to support the brand PhRMA industry and their members in PhRMA. That's what they do. Q. And and it does that, as this document indicates, in part, by

_			
	Page 122		Page 124
1	I assume that's right.	1	They are involved in that's
2	Q. Okay.	2	what their members want from them.
3	A. Again, I'm not focused on	3	They are the trade association for
4 .	PhRMA. I don't know what they did or	4	the PhRMA brand business.
5	didn't do	5	BY MS. SCULLION:
6	Q. Sure.	6	Q. Okay. And and so as you
7	A directly because I	7	said, there could have been multiple
8	wouldn't have been involved in PhRMA.	8	reasons Endo was interested in
9	Q. And just to the extent that	9	potentially joining PhRMA, but one of
10	you do know, is it accurate that one of	10	those would have been PhRMA's work
11	the things that would be that Endo is	11	helping to turn around negative
12	interested in was the influence of PhRMA	12	perceptions of the industry, right?
13	supporting Endo in sustaining and growing	13	MS. VANNI: Object to form.
14	its business?	14	THE WITNESS: To the extent
15	MS. VANNI: Object to form.	15	they existed. I have no idea what
16	THE WITNESS: If they had	16	existed at the time, so
17	joined, if they had joined, yes.	17	BY MS. SCULLION:
18	BY MS. SCULLION:	18	Q. In terms of negative
19	Q. Okay. And then, on the	19	perceptions?
20	staying on the same page, next bullet	20	A. Yes.
21		21	
22	point it says, "The industry is under	22	Q. Thank you. Got it.
23	fire by politicians and the press."	23	If you look then to Page 14
	Did I read that correctly?	23	of the presentation. It's entitled at
24	A. Yes.	24	the top, What PhRMA Can Do For Endo.
1	_	1	_
1	Q. And then it discusses in	1	Do you see that?
2	terms of PhRMA, "PhRMA is working on a	2	A. Yes.
3	series of initiatives to help turn around	3	Q. As you were just
4	negative perceptions of the industry."	4	referencing, the very first bullet point
5	Do you see that?	5	here is, "Lobby important bills in
6	A. Yes.	6	Congress and state legislatures,"
7	Q. And and again,	7	correct?
8	understanding that it wasn't your	8	A. Yes. That's what they do.
9	particular focus, but were you aware that	9	Q. Okay. And then the next is,
10	Endo had an interest in potentially	10	"Present industry view to FDA" that's
11	joining PhRMA because of PhRMA's	11	the Food and Drug Administration,
12	initiatives to help turn around negative	12	correct?
13	perceptions of the industry?	13	A. Correct.
14	MS. VANNI: Object to form.	14	Q. "NIH" National Institute
15	THE WITNESS: If Endo was	15	of Health, correct?
16	going to join PhRMA, I don't think	16	A. Correct.
17	that was the sole reason. There	17	Q. CMS is?
18	would have been multiple reasons	18	A. Center for Medicare, I think
19	to have belong to PhRMA, as	19	Services. I think it's Center For I
20	PhRMA is effectively the lobbying	20	get lost in the alphabet.
21	organization for the brand PhRMA	21	Q. Okay.
22	industry. So any negative or	22	A. But I think that's what it
23	positive perceptions, whatever	23	is, Center For Medicare Services.
24	exist, PhRMA would be involved.	24	Q. Okay. And that's another

	Page 126		Page 128
1	again, to the extent of your	1	Q. So again on Page 17, we're
2	understanding, that's another thing that	2	talking about the Generic Pharmaceutical
3	PhRMA could do for a brand company like	3	Association. Do you see that?
4 .	Endo, right?	4	A. Yes. Yes.
5	MS. VANNI: Object to form.	5	Q. All right. And you said you
6	THE WITNESS: Well, it's not	6	are familiar with Generic Pharmaceutical
7	just for Endo. For any brand	7	Association, right?
8	pharmaceutical company.	8	A. Yes.
9	BY MS. SCULLION:	9	
10		10	Q. All right. And I apologize,
11		11	we may have I might have asked this
	A. Who was a member.		before, have you ever held any office,
12	Q. Okay.	12	official position within G Pharma?
13	A. Should they decide to join.	13	A. Yes, but not while at Endo.
14	Q. Understood.	14	Q. What position did you hold?
15	And the third bullet says,	15	A. I was on the board of
16	"Interact with professional associations	16	directors.
17	on key issues."	17	Q. And when was that? Is it
18	Do you see that?	18	is it in your probably on your CV?
19	A. Yes.	19	A. No, it's not on not on
20	Q. What are professional	20	there. I don't believe.
21	associations referred to here? What does	21	Q. Okay.
22	that mean?	22	A. I I'm going to say 2010
23	MS. VANNI: Object to form.	23	to 2012 or '13 some I don't know.
24	THE WITNESS: I don't I	24	It was two, two two, two-year terms if
	Page 127		Page 129
1	Page 127 don't know what all the	1	Page 129 I remember right.
2	_	2	_
	don't know what all the		I remember right.
2	don't know what all the professional associations would	2	I remember right. Q. And that was while you were
2	don't know what all the professional associations would be. American Medical Association.	2 3	I remember right. Q. And that was while you were with with Kremers Urban? A. Correct.
2 3 4	don't know what all the professional associations would be. American Medical Association. People American whatever, okay. So that that's what a that's	2 3 4	I remember right. Q. And that was while you were with with Kremers Urban? A. Correct. Q. So you are pretty familiar
2 3 4 5	don't know what all the professional associations would be. American Medical Association. People American whatever, okay. So that that's what a that's whatever professional association	2 3 4 5	I remember right. Q. And that was while you were with with Kremers Urban? A. Correct.
2 3 4 5 6 7	don't know what all the professional associations would be. American Medical Association. People American whatever, okay. So that that's what a that's whatever professional association is, that is involved in the	2 3 4 5 6	I remember right. Q. And that was while you were with with Kremers Urban? A. Correct. Q. So you are pretty familiar with with the organization? A. Yes.
2 3 4 5 6	don't know what all the professional associations would be. American Medical Association. People American whatever, okay. So that that's what a that's whatever professional association	2 3 4 5 6 7	I remember right. Q. And that was while you were with with Kremers Urban? A. Correct. Q. So you are pretty familiar with with the organization? A. Yes. Q. All right. And so the first
2 3 4 5 6 7 8	don't know what all the professional associations would be. American Medical Association. People American whatever, okay. So that that's what a that's whatever professional association is, that is involved in the pharmaceutical healthcare	2 3 4 5 6 7 8	I remember right. Q. And that was while you were with with Kremers Urban? A. Correct. Q. So you are pretty familiar with with the organization? A. Yes. Q. All right. And so the first bullet point here, it the first bullet
2 3 4 5 6 7 8 9	don't know what all the professional associations would be. American Medical Association. People American whatever, okay. So that that's what a that's whatever professional association is, that is involved in the pharmaceutical healthcare business. BY MS. SCULLION:	2 3 4 5 6 7 8 9	I remember right. Q. And that was while you were with with Kremers Urban? A. Correct. Q. So you are pretty familiar with with the organization? A. Yes. Q. All right. And so the first bullet point here, it the first bullet point here says, in terms of the mission
2 3 4 5 6 7 8 9	don't know what all the professional associations would be. American Medical Association. People American whatever, okay. So that that's what a that's whatever professional association is, that is involved in the pharmaceutical healthcare business.	2 3 4 5 6 7 8 9	I remember right. Q. And that was while you were with with Kremers Urban? A. Correct. Q. So you are pretty familiar with with the organization? A. Yes. Q. All right. And so the first bullet point here, it the first bullet point here says, in terms of the mission of the Generic Pharmaceutical
2 3 4 5 6 7 8 9 10 11 12	don't know what all the professional associations would be. American Medical Association. People American whatever, okay. So that that's what a that's whatever professional association is, that is involved in the pharmaceutical healthcare business. BY MS. SCULLION: Q. Did you medical associations?	2 3 4 5 6 7 8 9 10 11 12	I remember right. Q. And that was while you were with with Kremers Urban? A. Correct. Q. So you are pretty familiar with with the organization? A. Yes. Q. All right. And so the first bullet point here, it the first bullet point here says, in terms of the mission of the Generic Pharmaceutical Association, "Promote the common
2 3 4 5 6 7 8 9 10 11 12 13	don't know what all the professional associations would be. American Medical Association. People American whatever, okay. So that that's what a that's whatever professional association is, that is involved in the pharmaceutical healthcare business. BY MS. SCULLION: Q. Did you medical associations? A. I have no idea. You know, I	2 3 4 5 6 7 8 9 10 11 12 13	I remember right. Q. And that was while you were with with Kremers Urban? A. Correct. Q. So you are pretty familiar with with the organization? A. Yes. Q. All right. And so the first bullet point here, it the first bullet point here says, in terms of the mission of the Generic Pharmaceutical Association, "Promote the common interests of its members and the general
2 3 4 5 6 7 8 9 10 11 12 13 14	don't know what all the professional associations would be. American Medical Association. People American whatever, okay. So that that's what a that's whatever professional association is, that is involved in the pharmaceutical healthcare business. BY MS. SCULLION: Q. Did you medical associations? A. I have no idea. You know, I have no idea what it would have been.	2 3 4 5 6 7 8 9 10 11 12 13 14	I remember right. Q. And that was while you were with with Kremers Urban? A. Correct. Q. So you are pretty familiar with with the organization? A. Yes. Q. All right. And so the first bullet point here, it the first bullet point here says, in terms of the mission of the Generic Pharmaceutical Association, "Promote the common interests of its members and the general welfare of the pharmaceutical industry."
2 3 4 5 6 7 8 9 10 11 12 13 14 15	don't know what all the professional associations would be. American Medical Association. People American whatever, okay. So that that's what a that's whatever professional association is, that is involved in the pharmaceutical healthcare business. BY MS. SCULLION: Q. Did you medical associations? A. I have no idea. You know, I have no idea what it would have been. Q. Okay. Now, let's go to	2 3 4 5 6 7 8 9 10 11 12 13 14 15	I remember right. Q. And that was while you were with with Kremers Urban? A. Correct. Q. So you are pretty familiar with with the organization? A. Yes. Q. All right. And so the first bullet point here, it the first bullet point here says, in terms of the mission of the Generic Pharmaceutical Association, "Promote the common interests of its members and the general welfare of the pharmaceutical industry." Is that an accurate
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	don't know what all the professional associations would be. American Medical Association. People American whatever, okay. So that that's what a that's whatever professional association is, that is involved in the pharmaceutical healthcare business. BY MS. SCULLION: Q. Did you medical associations? A. I have no idea. You know, I have no idea what it would have been. Q. Okay. Now, let's go to Page 17 of the presentation.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	I remember right. Q. And that was while you were with with Kremers Urban? A. Correct. Q. So you are pretty familiar with with the organization? A. Yes. Q. All right. And so the first bullet point here, it the first bullet point here says, in terms of the mission of the Generic Pharmaceutical Association, "Promote the common interests of its members and the general welfare of the pharmaceutical industry." Is that an accurate statement of one part of the Generic
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	don't know what all the professional associations would be. American Medical Association. People American whatever, okay. So that that's what a that's whatever professional association is, that is involved in the pharmaceutical healthcare business. BY MS. SCULLION: Q. Did you medical associations? A. I have no idea. You know, I have no idea what it would have been. Q. Okay. Now, let's go to Page 17 of the presentation. A. Okay.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	I remember right. Q. And that was while you were with with Kremers Urban? A. Correct. Q. So you are pretty familiar with with the organization? A. Yes. Q. All right. And so the first bullet point here, it the first bullet point here says, in terms of the mission of the Generic Pharmaceutical Association, "Promote the common interests of its members and the general welfare of the pharmaceutical industry." Is that an accurate statement of one part of the Generic Pharmaceutical Association's mission?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	don't know what all the professional associations would be. American Medical Association. People American whatever, okay. So that that's what a that's whatever professional association is, that is involved in the pharmaceutical healthcare business. BY MS. SCULLION: Q. Did you medical associations? A. I have no idea. You know, I have no idea what it would have been. Q. Okay. Now, let's go to Page 17 of the presentation. A. Okay. Q. Now, this is begins part	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	I remember right. Q. And that was while you were with with Kremers Urban? A. Correct. Q. So you are pretty familiar with with the organization? A. Yes. Q. All right. And so the first bullet point here, it the first bullet point here says, in terms of the mission of the Generic Pharmaceutical Association, "Promote the common interests of its members and the general welfare of the pharmaceutical industry." Is that an accurate statement of one part of the Generic Pharmaceutical Association's mission? MS. VANNI: Object to form.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	don't know what all the professional associations would be. American Medical Association. People American whatever, okay. So that that's what a that's whatever professional association is, that is involved in the pharmaceutical healthcare business. BY MS. SCULLION: Q. Did you medical associations? A. I have no idea. You know, I have no idea what it would have been. Q. Okay. Now, let's go to Page 17 of the presentation. A. Okay. Q. Now, this is begins part of the presentation that does concern	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	I remember right. Q. And that was while you were with with Kremers Urban? A. Correct. Q. So you are pretty familiar with with the organization? A. Yes. Q. All right. And so the first bullet point here, it the first bullet point here says, in terms of the mission of the Generic Pharmaceutical Association, "Promote the common interests of its members and the general welfare of the pharmaceutical industry." Is that an accurate statement of one part of the Generic Pharmaceutical Association's mission? MS. VANNI: Object to form. THE WITNESS: Yes.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	don't know what all the professional associations would be. American Medical Association. People American whatever, okay. So that that's what a that's whatever professional association is, that is involved in the pharmaceutical healthcare business. BY MS. SCULLION: Q. Did you medical associations? A. I have no idea. You know, I have no idea what it would have been. Q. Okay. Now, let's go to Page 17 of the presentation. A. Okay. Q. Now, this is begins part of the presentation that does concern Generic Pharmaceutical Association.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	I remember right. Q. And that was while you were with with Kremers Urban? A. Correct. Q. So you are pretty familiar with with the organization? A. Yes. Q. All right. And so the first bullet point here, it the first bullet point here says, in terms of the mission of the Generic Pharmaceutical Association, "Promote the common interests of its members and the general welfare of the pharmaceutical industry." Is that an accurate statement of one part of the Generic Pharmaceutical Association's mission? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION:
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	don't know what all the professional associations would be. American Medical Association. People American whatever, okay. So that that's what a that's whatever professional association is, that is involved in the pharmaceutical healthcare business. BY MS. SCULLION: Q. Did you medical associations? A. I have no idea. You know, I have no idea what it would have been. Q. Okay. Now, let's go to Page 17 of the presentation. A. Okay. Q. Now, this is begins part of the presentation that does concern Generic Pharmaceutical Association. Do you see that?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	I remember right. Q. And that was while you were with with Kremers Urban? A. Correct. Q. So you are pretty familiar with with the organization? A. Yes. Q. All right. And so the first bullet point here, it the first bullet point here says, in terms of the mission of the Generic Pharmaceutical Association, "Promote the common interests of its members and the general welfare of the pharmaceutical industry." Is that an accurate statement of one part of the Generic Pharmaceutical Association's mission? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. And when it says common
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	don't know what all the professional associations would be. American Medical Association. People American whatever, okay. So that that's what a that's whatever professional association is, that is involved in the pharmaceutical healthcare business. BY MS. SCULLION: Q. Did you medical associations? A. I have no idea. You know, I have no idea what it would have been. Q. Okay. Now, let's go to Page 17 of the presentation. A. Okay. Q. Now, this is begins part of the presentation that does concern Generic Pharmaceutical Association. Do you see that? A. Yes. But for the record,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	I remember right. Q. And that was while you were with with Kremers Urban? A. Correct. Q. So you are pretty familiar with with the organization? A. Yes. Q. All right. And so the first bullet point here, it the first bullet point here says, in terms of the mission of the Generic Pharmaceutical Association, "Promote the common interests of its members and the general welfare of the pharmaceutical industry." Is that an accurate statement of one part of the Generic Pharmaceutical Association's mission? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. And when it says common interests of its members, that refers to
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	don't know what all the professional associations would be. American Medical Association. People American whatever, okay. So that that's what a that's whatever professional association is, that is involved in the pharmaceutical healthcare business. BY MS. SCULLION: Q. Did you medical associations? A. I have no idea. You know, I have no idea what it would have been. Q. Okay. Now, let's go to Page 17 of the presentation. A. Okay. Q. Now, this is begins part of the presentation that does concern Generic Pharmaceutical Association. Do you see that? A. Yes. But for the record, Endo, to my knowledge when I was there	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	I remember right. Q. And that was while you were with with Kremers Urban? A. Correct. Q. So you are pretty familiar with with the organization? A. Yes. Q. All right. And so the first bullet point here, it the first bullet point here says, in terms of the mission of the Generic Pharmaceutical Association, "Promote the common interests of its members and the general welfare of the pharmaceutical industry." Is that an accurate statement of one part of the Generic Pharmaceutical Association's mission? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. And when it says common interests of its members, that refers to the common interests that the various
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	don't know what all the professional associations would be. American Medical Association. People American whatever, okay. So that that's what a that's whatever professional association is, that is involved in the pharmaceutical healthcare business. BY MS. SCULLION: Q. Did you medical associations? A. I have no idea. You know, I have no idea what it would have been. Q. Okay. Now, let's go to Page 17 of the presentation. A. Okay. Q. Now, this is begins part of the presentation that does concern Generic Pharmaceutical Association. Do you see that? A. Yes. But for the record,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	I remember right. Q. And that was while you were with with Kremers Urban? A. Correct. Q. So you are pretty familiar with with the organization? A. Yes. Q. All right. And so the first bullet point here, it the first bullet point here says, in terms of the mission of the Generic Pharmaceutical Association, "Promote the common interests of its members and the general welfare of the pharmaceutical industry." Is that an accurate statement of one part of the Generic Pharmaceutical Association's mission? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION: Q. And when it says common interests of its members, that refers to

	Page 130		Page 132
1	would have?	1	Q. You did join? Okay. Thank
2	MS. VANNI: Object to form.	2	you.
3	THE WITNESS: It refers to	3	A. But not PhRMA, just for the
4 .	the common interests of making	4	record.
5	sure that the generic industry	5	Q. And then bulk supplier, that
6	voice was heard. The PhRMA voice	6	would be the suppliers of the API?
7	was much stronger because they had	7	A. That would be the supplier
8	more money. Their lobbying	8	of the API suppliers, yes.
9	efforts were much stronger. The	9	Q. Okay. And then on the
10	brand PhRMA companies were trying	10	associates that we have generic
11	to prevent brands from going	11	distributor. Is a generic distributor
12	generic.	12	just a distributor of generics?
13	So they were there was a	13	A. Yeah. That would be that
14	lot of lobbying with respect to	14	would be like an ANDA, there's a company
15	that, how to find loopholes in	15	that all they do is distribute you
16	Hatch-Waxman, which is the law	16	know, they don't they're a generic
17	that governs the generic	17	distributor. There may be others. I
18	pharmaceutical business in the	18	don't know. I'm not familiar with all of
19	United States.	19	them.
20	It had to do with FDA rules	20	Q. Is there a distinction
21	that were coming up to make sure	21	between a generic distributor and and
22	they're you know, understand	22	distributors in general. So for example,
23	them. These were all common	23	you mentioned ANDA. Is there a
24	interests that were, you know,	24	difference between ANDA and McKesson?
	Page 131		Page 133
1	every company shared on a broad	1	A. Yes.
2	every company shared on a broad basis. So and how do we get	2	A. Yes.Q. Okay. Can you explain what
2 3	every company shared on a broad basis. So and how do we get our message out to the politicians	2 3	A. Yes. Q. Okay. Can you explain what that is?
2 3 4	every company shared on a broad basis. So and how do we get our message out to the politicians who, you had a lot of a lot of	2 3 4	A. Yes. Q. Okay. Can you explain what that is? A. Well, the central difference
2 3 4 5	every company shared on a broad basis. So and how do we get our message out to the politicians who, you had a lot of a lot of money from lobbying by PhRMA. And	2 3 4 5	A. Yes. Q. Okay. Can you explain what that is? A. Well, the central difference is that a sole distributor cannot do
2 3 4 5 6	every company shared on a broad basis. So and how do we get our message out to the politicians who, you had a lot of a lot of money from lobbying by PhRMA. And because of their their size and	2 3 4 5 6	A. Yes. Q. Okay. Can you explain what that is? A. Well, the central difference is that a sole distributor cannot do chargebacks, and the wholesaler can. So
2 3 4 5 6 7	every company shared on a broad basis. So and how do we get our message out to the politicians who, you had a lot of a lot of money from lobbying by PhRMA. And because of their their size and their the money available	2 3 4 5 6 7	A. Yes. Q. Okay. Can you explain what that is? A. Well, the central difference is that a sole distributor cannot do chargebacks, and the wholesaler can. So that's the effect I mean, that's the
2 3 4 5 6 7 8	every company shared on a broad basis. So and how do we get our message out to the politicians who, you had a lot of a lot of money from lobbying by PhRMA. And because of their their size and their the money available compared to the generic business,	2 3 4 5 6 7 8	A. Yes. Q. Okay. Can you explain what that is? A. Well, the central difference is that a sole distributor cannot do chargebacks, and the wholesaler can. So that's the effect I mean, that's the way I describe it. So, you know, there
2 3 4 5 6 7 8 9	every company shared on a broad basis. So and how do we get our message out to the politicians who, you had a lot of a lot of money from lobbying by PhRMA. And because of their their size and their the money available compared to the generic business, which was much smaller, the	2 3 4 5 6 7 8	A. Yes. Q. Okay. Can you explain what that is? A. Well, the central difference is that a sole distributor cannot do chargebacks, and the wholesaler can. So that's the effect I mean, that's the way I describe it. So, you know, there could be other differences, but, you
2 3 4 5 6 7 8 9	every company shared on a broad basis. So and how do we get our message out to the politicians who, you had a lot of a lot of money from lobbying by PhRMA. And because of their their size and their the money available compared to the generic business, which was much smaller, the generic association was much	2 3 4 5 6 7 8 9	A. Yes. Q. Okay. Can you explain what that is? A. Well, the central difference is that a sole distributor cannot do chargebacks, and the wholesaler can. So that's the effect I mean, that's the way I describe it. So, you know, there could be other differences, but, you know, that's the way I think of it. I
2 3 4 5 6 7 8 9 10	every company shared on a broad basis. So and how do we get our message out to the politicians who, you had a lot of a lot of money from lobbying by PhRMA. And because of their their size and their the money available compared to the generic business, which was much smaller, the generic association was much smaller, you know, what is the	2 3 4 5 6 7 8 9 10	A. Yes. Q. Okay. Can you explain what that is? A. Well, the central difference is that a sole distributor cannot do chargebacks, and the wholesaler can. So that's the effect I mean, that's the way I describe it. So, you know, there could be other differences, but, you know, that's the way I think of it. I could be wrong, but that's the way I
2 3 4 5 6 7 8 9 10 11 12	every company shared on a broad basis. So and how do we get our message out to the politicians who, you had a lot of a lot of money from lobbying by PhRMA. And because of their their size and their the money available compared to the generic business, which was much smaller, the generic association was much smaller, you know, what is the common interest of how we	2 3 4 5 6 7 8 9 10 11 12	A. Yes. Q. Okay. Can you explain what that is? A. Well, the central difference is that a sole distributor cannot do chargebacks, and the wholesaler can. So that's the effect I mean, that's the way I describe it. So, you know, there could be other differences, but, you know, that's the way I think of it. I could be wrong, but that's the way I think of it.
2 3 4 5 6 7 8 9 10 11 12 13	every company shared on a broad basis. So and how do we get our message out to the politicians who, you had a lot of a lot of money from lobbying by PhRMA. And because of their their size and their the money available compared to the generic business, which was much smaller, the generic association was much smaller, you know, what is the common interest of how we communicate the benefits of	2 3 4 5 6 7 8 9 10 11 12 13	A. Yes. Q. Okay. Can you explain what that is? A. Well, the central difference is that a sole distributor cannot do chargebacks, and the wholesaler can. So that's the effect I mean, that's the way I describe it. So, you know, there could be other differences, but, you know, that's the way I think of it. I could be wrong, but that's the way I think of it. Q. And so if I understand
2 3 4 5 6 7 8 9 10 11 12 13	every company shared on a broad basis. So and how do we get our message out to the politicians who, you had a lot of a lot of money from lobbying by PhRMA. And because of their their size and their the money available compared to the generic business, which was much smaller, the generic association was much smaller, you know, what is the common interest of how we communicate the benefits of generics to the public.	2 3 4 5 6 7 8 9 10 11 12 13 14	A. Yes. Q. Okay. Can you explain what that is? A. Well, the central difference is that a sole distributor cannot do chargebacks, and the wholesaler can. So that's the effect I mean, that's the way I describe it. So, you know, there could be other differences, but, you know, that's the way I think of it. I could be wrong, but that's the way I think of it. Q. And so if I understand correctly, when it says generic
2 3 4 5 6 7 8 9 10 11 12 13 14 15	every company shared on a broad basis. So and how do we get our message out to the politicians who, you had a lot of a lot of money from lobbying by PhRMA. And because of their their size and their the money available compared to the generic business, which was much smaller, the generic association was much smaller, you know, what is the common interest of how we communicate the benefits of generics to the public. BY MS. SCULLION:	2 3 4 5 6 7 8 9 10 11 12 13 14 15	A. Yes. Q. Okay. Can you explain what that is? A. Well, the central difference is that a sole distributor cannot do chargebacks, and the wholesaler can. So that's the effect I mean, that's the way I describe it. So, you know, there could be other differences, but, you know, that's the way I think of it. I could be wrong, but that's the way I think of it. Q. And so if I understand correctly, when it says generic distributors, that refers to what you're
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	every company shared on a broad basis. So and how do we get our message out to the politicians who, you had a lot of a lot of money from lobbying by PhRMA. And because of their their size and their the money available compared to the generic business, which was much smaller, the generic association was much smaller, you know, what is the common interest of how we communicate the benefits of generics to the public. BY MS. SCULLION: Q. Got it. Let's go to the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. Yes. Q. Okay. Can you explain what that is? A. Well, the central difference is that a sole distributor cannot do chargebacks, and the wholesaler can. So that's the effect I mean, that's the way I describe it. So, you know, there could be other differences, but, you know, that's the way I think of it. I could be wrong, but that's the way I think of it. Q. And so if I understand correctly, when it says generic distributors, that refers to what you're calling a sole distributor?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	every company shared on a broad basis. So and how do we get our message out to the politicians who, you had a lot of a lot of money from lobbying by PhRMA. And because of their their size and their the money available compared to the generic business, which was much smaller, the generic association was much smaller, you know, what is the common interest of how we communicate the benefits of generics to the public. BY MS. SCULLION: Q. Got it. Let's go to the next page where it discusses the members.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. Yes. Q. Okay. Can you explain what that is? A. Well, the central difference is that a sole distributor cannot do chargebacks, and the wholesaler can. So that's the effect I mean, that's the way I describe it. So, you know, there could be other differences, but, you know, that's the way I think of it. I could be wrong, but that's the way I think of it. Q. And so if I understand correctly, when it says generic distributors, that refers to what you're calling a sole distributor? A. Correct.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	every company shared on a broad basis. So and how do we get our message out to the politicians who, you had a lot of a lot of money from lobbying by PhRMA. And because of their their size and their the money available compared to the generic business, which was much smaller, the generic association was much smaller, you know, what is the common interest of how we communicate the benefits of generics to the public. BY MS. SCULLION: Q. Got it. Let's go to the next page where it discusses the members. A. Yep.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Yes. Q. Okay. Can you explain what that is? A. Well, the central difference is that a sole distributor cannot do chargebacks, and the wholesaler can. So that's the effect I mean, that's the way I describe it. So, you know, there could be other differences, but, you know, that's the way I think of it. I could be wrong, but that's the way I think of it. Q. And so if I understand correctly, when it says generic distributors, that refers to what you're calling a sole distributor? A. Correct. Q. And ANDA is one such example
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	every company shared on a broad basis. So and how do we get our message out to the politicians who, you had a lot of a lot of money from lobbying by PhRMA. And because of their their size and their the money available compared to the generic business, which was much smaller, the generic association was much smaller, you know, what is the common interest of how we communicate the benefits of generics to the public. BY MS. SCULLION: Q. Got it. Let's go to the next page where it discusses the members. A. Yep. Q. And it says the three types	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Yes. Q. Okay. Can you explain what that is? A. Well, the central difference is that a sole distributor cannot do chargebacks, and the wholesaler can. So that's the effect I mean, that's the way I describe it. So, you know, there could be other differences, but, you know, that's the way I think of it. I could be wrong, but that's the way I think of it. Q. And so if I understand correctly, when it says generic distributors, that refers to what you're calling a sole distributor? A. Correct. Q. And ANDA is one such example of a sole distributor?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	every company shared on a broad basis. So and how do we get our message out to the politicians who, you had a lot of a lot of money from lobbying by PhRMA. And because of their their size and their the money available compared to the generic business, which was much smaller, the generic association was much smaller, you know, what is the common interest of how we communicate the benefits of generics to the public. BY MS. SCULLION: Q. Got it. Let's go to the next page where it discusses the members. A. Yep. Q. And it says the three types of membership, the first being	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Yes. Q. Okay. Can you explain what that is? A. Well, the central difference is that a sole distributor cannot do chargebacks, and the wholesaler can. So that's the effect I mean, that's the way I describe it. So, you know, there could be other differences, but, you know, that's the way I think of it. I could be wrong, but that's the way I think of it. Q. And so if I understand correctly, when it says generic distributors, that refers to what you're calling a sole distributor? A. Correct. Q. And ANDA is one such example of a sole distributor? A. At the time, yes.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	every company shared on a broad basis. So and how do we get our message out to the politicians who, you had a lot of a lot of money from lobbying by PhRMA. And because of their their size and their the money available compared to the generic business, which was much smaller, the generic association was much smaller, you know, what is the common interest of how we communicate the benefits of generics to the public. BY MS. SCULLION: Q. Got it. Let's go to the next page where it discusses the members. A. Yep. Q. And it says the three types of membership, the first being manufacturer. That would be a	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Yes. Q. Okay. Can you explain what that is? A. Well, the central difference is that a sole distributor cannot do chargebacks, and the wholesaler can. So that's the effect I mean, that's the way I describe it. So, you know, there could be other differences, but, you know, that's the way I think of it. I could be wrong, but that's the way I think of it. Q. And so if I understand correctly, when it says generic distributors, that refers to what you're calling a sole distributor? A. Correct. Q. And ANDA is one such example of a sole distributor? A. At the time, yes. Q. All right. You also
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	every company shared on a broad basis. So and how do we get our message out to the politicians who, you had a lot of a lot of money from lobbying by PhRMA. And because of their their size and their the money available compared to the generic business, which was much smaller, the generic association was much smaller, you know, what is the common interest of how we communicate the benefits of generics to the public. BY MS. SCULLION: Q. Got it. Let's go to the next page where it discusses the members. A. Yep. Q. And it says the three types of membership, the first being manufacturer. That would be a manufacturer like Endo if Endo had	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Yes. Q. Okay. Can you explain what that is? A. Well, the central difference is that a sole distributor cannot do chargebacks, and the wholesaler can. So that's the effect I mean, that's the way I describe it. So, you know, there could be other differences, but, you know, that's the way I think of it. I could be wrong, but that's the way I think of it. Q. And so if I understand correctly, when it says generic distributors, that refers to what you're calling a sole distributor? A. Correct. Q. And ANDA is one such example of a sole distributor? A. At the time, yes. Q. All right. You also mentioned chargebacks. You have some
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	every company shared on a broad basis. So and how do we get our message out to the politicians who, you had a lot of a lot of money from lobbying by PhRMA. And because of their their size and their the money available compared to the generic business, which was much smaller, the generic association was much smaller, you know, what is the common interest of how we communicate the benefits of generics to the public. BY MS. SCULLION: Q. Got it. Let's go to the next page where it discusses the members. A. Yep. Q. And it says the three types of membership, the first being manufacturer. That would be a manufacturer like Endo if Endo had joined, right?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Yes. Q. Okay. Can you explain what that is? A. Well, the central difference is that a sole distributor cannot do chargebacks, and the wholesaler can. So that's the effect I mean, that's the way I describe it. So, you know, there could be other differences, but, you know, that's the way I think of it. I could be wrong, but that's the way I think of it. Q. And so if I understand correctly, when it says generic distributors, that refers to what you're calling a sole distributor? A. Correct. Q. And ANDA is one such example of a sole distributor? A. At the time, yes. Q. All right. You also mentioned chargebacks. You have some familiarity with chargebacks, correct?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	every company shared on a broad basis. So and how do we get our message out to the politicians who, you had a lot of a lot of money from lobbying by PhRMA. And because of their their size and their the money available compared to the generic business, which was much smaller, the generic association was much smaller, you know, what is the common interest of how we communicate the benefits of generics to the public. BY MS. SCULLION: Q. Got it. Let's go to the next page where it discusses the members. A. Yep. Q. And it says the three types of membership, the first being manufacturer. That would be a manufacturer like Endo if Endo had	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Yes. Q. Okay. Can you explain what that is? A. Well, the central difference is that a sole distributor cannot do chargebacks, and the wholesaler can. So that's the effect I mean, that's the way I describe it. So, you know, there could be other differences, but, you know, that's the way I think of it. I could be wrong, but that's the way I think of it. Q. And so if I understand correctly, when it says generic distributors, that refers to what you're calling a sole distributor? A. Correct. Q. And ANDA is one such example of a sole distributor? A. At the time, yes. Q. All right. You also mentioned chargebacks. You have some

Page 134 1 Q. All right. We'll talk about that a little bit later. I just want to make sure I understood that. 4 The next bullet point here is CRO. What's a CRO? 6 A. Contract research organization. 9 A. Somebody that would do pivotal piot and pivotal biostudy or pivotal point and pivotal biostudy or pivotal biostudy on biostudies. If you know, I don't know — I don't remember if they all exist anymore. But if you want to do a pilot biostudy or pivotal biostudy or biostudies of pivotal — pilot and pivotal biostudy or biostudies of pivotal — pilot and pivotal biostudy or biostudies of pivotal biostudy or biostudies of pivotal biostudy or biostudies or pivotal — pilot and pivotal biostudy or contract research organizations. 13 Q. Okay, Consultants I think is self-explanatory. Pharm brokers is the last one. What is that? 14 A. No. 20 Okay. If you'll go to Page 21 of the presentation. And that's entitled, "Why is membership in both organizations important" 12 A. Yep. 13 (2) Clertific. And it says, 14 "Endo dia do the same page? 15 A. Yes. 16 Q. Okay, Consultants I think is self-explanatory. Pharm brokers is the last one. What is that? 21 A. Pharm broker would be somebody that tries to put two companies to explanation. And that's entitled, "Why is membership in both organizations important" 15 A. Yes. 16 Q. Okay, Consultants I think is self-explanatory. Pharm brokers is the last one. What is that? 22 In A. Pharm broker would be somebody that tries to put two companies to the last one. What is that? 23 together that has a need for — you know, you have a product of — in a particular 24 therapeutic area, and I have a need for that product. They hear. They try to put to together. So these were associate members of fill membershy. You said Endo did become a member of GPhArma (sic), how did that many relate to this strategic vision to expand — let's just take the generics business for Endo? 1 A. Yes. Q. Okay. And then let's just Generic Pharmaceutical Association? 2 Q. Okay. And so endo enjoyed the pri	_			
that a little bit later. I just want to make sure I understood that. The next bullet point here is CRO. What's a CRO? A Contract research organization. B Q. And what is that? A Somebody that would do pivotal — pilot and pivotal biostudy or remember if they all exist anymore. But if you want to do a pilot biostudy or product biostudy on bave to go to somebody who can do that work. And you would — you would they are called to contract research organizations. B Q. Okay. Consultants I think is a Q. Okay. Consultants I think is self-explanatory. Pharm brokers is the last one. What is that? A Pharm broker would be somebody that tries to put two companies together that has a need for — you know, you have a product of — in a particular Page 135 therapeutic area, and I have a need for that product. They hear. They try to put us together. So these were associate members that they allowed to participate. Q Okay. And then let's just go to the next page, 19, which discusses privileges of full membership as going to the meetings, period, at that point in time. BY MS. SCULIJON: BY OLONGY. The product of — in a particular of the privileges is teld here? A Pharma (sic). Did it become a full member? A Yes. Q. And think you explained Endo did not become a member of the board of GPhArma (sic) while you were there? A. No. Q. Okay if you'll go to Page 21 of the presentation. And that's entitled, "Why is membership in both organizations important?" The contract research organizations. The contract research organizations important? A Yes. Q. It says, "Strategic vision to expand on the province organizations important as it says the contract of the province organizations. A Yes. Q. And why was membership in GPhArma (sic), how did that many relate to this strategic vision to expand — let's just take the generics business for Endo		Page 134		Page 136
that a little bit later. I just want to make sure I understood that. The next bullet point here is CRO. What's a CRO? A Contract research organization. B Q. And what is that? A Somebody that would do pivotal — pilot and pivotal biostudy or remember if they all exist anymore. But if you want to do a pilot biostudy or provided — pivotal biostudy on the very go to somebody who can do that work. And you would — you would they are called to contract research organizations. B Q. Okay. Consultants I think is a Q. Okay. Consultants I think is self-explanatory. Pharm brokers is the last one. What is that? A Pharm broker would be somebody that tries to put two companies together that has a need for — you know, you have a product of — in a particular Page 135 therapeutic area, and I have a need for that product. They hear. They try to put us together. So these were associate members that they allowed to participate. Q Okay. And then let's just go to the next page, 19, which discusses privileges of full membership to the privileges of site deavantage. They have a discussed by M. A. Yen. Q. Okay. And so endo enjoyed the privileges of site here? A Yes. Q. And as of April of 2004 when this presentation was put together, that was true, correct? A. Yes. Q. And as of April of 2004 when this presentation was put together, that was true, correct? A. Yes. Q. And as of April of 2004 when this presentation was put together, that was true, correct? A. Yes. Q. And why was membership in GPhArma (sic), how did that many relate to this strategic vision to expand — let's just take the generics business for Endo? A. Yes. Q. And why was membership in the Generic Pharmaceutical Association? A. Who is GPhArma (sic)?	1	Q. All right. We'll talk about	1	key industry committees?
make sure I understood that. The next bullet point here is CRO. What's a CRO? A. Contract research organization. Q. And what is that? A. Somebody that twould do pivotal pilot and pivotal biostudies. You know, I don't know I don't remember if they all exist anymore. But if you want to do a pilot biostudy or pivotal biostudy you have to go to somebody who and to that work. And you would you would they are called contract research organizations. Q. Okay. Consultants I think is esfe-explanatory. Pharm brokers is the last one. What is that? A. Pharm broker would be somebody that tries to put two companies to the heard order in a particular Page 135 therapeutic area, and I have a need for that product. They hear. They try to put us together. So these were associate members that they allowed to participate. Q. Okay. And then let's just go to the next page, 19, which discusses privileges of full membership. A. Yes. Q. And why was membership in GPhArma (sic) while you were there? A. No. Q. Okay. If you'll go to Page 21 of the presentation. And that's entitled, 'Why is membership in both organizations important?" A rew con the same page? A. Yep. Q. Terrific. And it says, 'Endo has both significant brand and generic business." And that was true, correct? A. Yes. Q. Is ays, 'Strategic vision is to expand both brands and generics," to correct? A. Ves. Q. And why was membership in GPhArma (sic) while you were there? A. No. Q. Is ays, 'Strategic vision is to expand both brands and generics," to correct? A. Ves. Q. And why was membership in GPhArma (sic) while you explained to did become a member of GPhArma (soic). Did it become a full member? A. Yes. Q. And why was membership in GPhArma (sic) while you were there? A. No. Q. Nay. And so endo enjoyed the privileges of full member? A. Yes. Q. And why was membership in GPhArma (sic), how did that many relate to this strategic vision to expand - to this strategic vision to expand - to the strategic vision is to expand both brands and generics," Q. Okay. First plai	2	`	2	
s is CRO. What's a CRO? A. Contract research organization. Q. And what is that? A. Somebody that would do pivotal – pilot and pivotal biostudies. You know, I don't know – I don't remember if they are called contract research organizations. Q. Okay, Consultants I think is self-explanatory. Pharm brokers is death earth organizations. Q. Okay, Consultants I think is self-explanatory. Pharm brokers is therapeutic area, and I have a need for that product. They hear. They try to put us together. So these were associate members that they allowed to participate. Q. Okay, And then let's just go to the next page, 19, which discusses privileges of full membership. You said Endo did become a full member? A. Yes. Q. And why was membership in the Generic Pharmaceutical Association important? A. No. Q. Okay, If you'll go to Page 21 of the presentation. And that's entitled, "Why is membership in both organizations important?" Are we on the same page? Are we on the same page? A remide, "Why is membership in both organizations important?" Are we on the same page? A remide, "Why is membership in both organizations important?" Are we on the same page? A remide, "Why is membership in both organizations important?" Are we on the same page? A remide, "Why is membership in both organizations important?" Are we on the same page? A remide, "Why is membership in both organizations important?" Are we on the same page? A remide, "Why is membership in both organizations important?" Are we on the same page? A remide, "Why is membership in both organizations important?" Are we on the same page? A regulation what is that? A yes. Q. It says, "Strategic vision is to expand both brands and generies," correct? A. Orrect. Q. And as of April of 2004 when this presentation was put together, that was true, correct? A. Yes. Q. And why was membership in GPhArma (sic), both did that was true, correct? A. Yes. Q. Fary it was a product of organizations important, as it says true, correct? A. Yes. Q. And why was membership in GPhArma (sic), while discusse	3		3	Q. And I think you explained
s is CRO, What's a CRO? A Contract research organization. B Q. And what is that? A Somebody that would do pivotal pilot and pivotal biostudies. You know, I don't know I don't remember if they all exist anymore. But if you want to do a pilot biostudy or pivotal biostudy you have to go to somebody who can do that work. And you would you would they are called contract research organizations. Q Okay. Consultants I think is self-explanatory. Pharm brokers is othe the last one. What is that? A Pharm broker would be somebody that tries to put two companies together that has a need for you have a product of in a particular 1 therapeutic area, and I have a need for that product. They hear. They try to put us together. So these were associate members that they allowed to participate. Q Okay. And then let's just go to the next page, 19, which discusses privileges of full membership. You said Endo did become a full member? A Yes. Q Is any "Strategic vision is to expand both brands and generics." Correct? A Yes. Q And what was true, correct? A Yes. Q And why was membership in both organizations important, 2" And that was true, correct? A Yes. Q And so of April of 2004 when this presentation may be together, that was true, correct? A Yes. Q And why was membership in GPhArma (sic), how did that many relate to this strategic vision to expand let's just take the generics business for Endo? A Yes. Q Crertific, And it says, "Endo has both significant brand and generic business." And that was true, correct? A Yes. Q And so of April of 2004 when this suppressentation was put together, that was true, correct? A Yes. Q And why was membership in GPhArma (sic), how did that many relate to this strategic vision to expand let's just take the generics business for Endo? A Yes. Q Crertific, And it says, "Endo has both significant brand and generics." A Yes. Q And why was membership in GPhArma (sic), how did that many relate to this strategic vision to expand the generic business for Endo? A Was Scallary in t	4 .	The next bullet point here	4	Endo did not become a member of the board
6 A. Contract research organization. 8 Q. And what is that? 9 A. Somebody that would do 10 pivotal - pilot and pivotal biostudies. 11 You know, I don't know - I don't remember if they all exist anymore. But if you want to do a pilot biostudy or pivotal biostudy you have to go to somebody who can do that work. And you wand to do a pilot biostudy or pivotal biostudy you have to go to somebody who can do that work. And you would - you would they are called roman contract research organizations. 16 Q. Okay. Consultants I think is is self-explanatory. Pharm brokers is the last one. What is that? 17 A. Pharm broker would be somebody that tries to put two companies together that has a need for - you know, you have a product of in a particular Page 135 1 therapeutic area, and I have a need for that product. They hear. They try to go to the next page, 19, which discusses privileges of full membership. You said Endo did become a member of GPhArma (sic). Did it become a full member? 10 A. Yes. 11 Q. Okay. And so endo enjoyed the privileges listed here? 12 MS. VANNI: Object to form. 1 THE WITNESS: Yes, if we choose to take advantage. 15 Basically, my membership was going to the mext page, p. Prist bullet point discusses parricipation in key industry committees affecting areas such as 20 regulatory and logistics.	5		5	of GPhArma (sic) while you were there?
8 Q. And what is that? 9 A. Somebody that would do 10 pivotal — pilot and pivotal bioistudies. 11 You know, I don't know — I don't 12 remember if they all exist anymore. But 13 if you want to do a pilot biostudy or 14 pivotal biostudy you have to go to 15 somebody who can do that work. And you 16 would — you would they are called 17 contract research organizations. 18 Q. Okay. Consultants I think 19 is self-explanatory. Pharm brokers is 20 the last one. What is that? 21 A. Pharm broker would be 22 somebody that tries to put two companies 23 together that has a need for — you know, 24 you have a product of — in a particular 24 therapeutic area, and I have a need for 25 go to the next page, 19, which discusses privileges of full membership. You said 26 go to the next page, 19, which discusses privileges of full membership. You said 27 the privileges listed here? 28 MS. VANNI: Object to form. 29 THE WITNIESS: Yes, if we choose to take advantage. 19 BY MS. SCULLION: 20 Q. Okay. First bullet point discusses participation in key industry committees affecting areas such as regulatory and logistics. 21 Correct; 22 In the presentation. And that so entitled, "Why is membership in both organizations: netitled, "Why is membership in both organizations in entitled, "Why is membership in both organizations: netitled, "Why is membership in both organizations: netitled, "Why is membership in the antitled, "Why is membership in the antitled, "Why is membership in Ohan are intitled, "Why is membership in Corpanizations. 10 A. Yep. A. Yep. A. Yep. A. Yes. Q. It says, "Strategic vision is to expand both brands and generics," correct? A. Yes. Q. And as of April of 2004 when this presentation was put together, that was true, correct? A. Yes. Q. And why was membership in the this presentation was put together, that was true, correct? A. Yes. Q. And why was membership in of this presentation was put together, that was true, correct? A. Yes. Q. And why was membership in to this strategic vision to expand — let's just take t	6	A. Contract research	6	· · · · -
8 Q. And what is that? 9 A. Somebody that would do 10 pivotal — pilot and pivotal bioistudies. 11 You know, I don't know — I don't 12 remember if they all exist anymore. But 13 if you want to do a pilot biostudy or 14 pivotal biostudy you have to go to 15 somebody who can do that work. And you 16 would — you would they are called 17 contract research organizations. 18 Q. Okay. Consultants I think 19 is self-explanatory. Pharm brokers is 20 the last one. What is that? 21 A. Pharm broker would be 22 somebody that tries to put two companies 23 together that has a need for — you know, 24 you have a product of — in a particular 24 therapeutic area, and I have a need for 25 go to the next page, 19, which discusses privileges of full membership. You said 26 go to the next page, 19, which discusses privileges of full membership. You said 27 the privileges listed here? 28 MS. VANNI: Object to form. 29 THE WITNIESS: Yes, if we choose to take advantage. 19 BY MS. SCULLION: 20 Q. Okay. First bullet point discusses participation in key industry committees affecting areas such as regulatory and logistics. 21 Correct; 22 In the presentation. And that so entitled, "Why is membership in both organizations: netitled, "Why is membership in both organizations in entitled, "Why is membership in both organizations: netitled, "Why is membership in both organizations: netitled, "Why is membership in the antitled, "Why is membership in the antitled, "Why is membership in Ohan are intitled, "Why is membership in Corpanizations. 10 A. Yep. A. Yep. A. Yep. A. Yes. Q. It says, "Strategic vision is to expand both brands and generics," correct? A. Yes. Q. And as of April of 2004 when this presentation was put together, that was true, correct? A. Yes. Q. And why was membership in the this presentation was put together, that was true, correct? A. Yes. Q. And why was membership in of this presentation was put together, that was true, correct? A. Yes. Q. And why was membership in to this strategic vision to expand — let's just take t	7	organization.	7	Q. Okay. If you'll go to Page
A Somebody that would do pivotal pilot and pivotal biostudies. You know, I don't know I don't remember if they all exist anymore. But if you want to do a pilot biostudy or pivotal biostudy you have to go to biound you would they are called would you would they are called contract research organizations. Responsible to the last one. What is that? A Pend has both significant brand and generic business." And that was true, correct? A Yep. Q Terrific. And it says, "Endo has both significant brand and generic business." And that was true, correct? A Yep. Q It says, "Strategic vision is to expand both brands and generics," correct? A Correct. Q And as of April of 2004 when this presentation was put together, that was true, correct? A Yes. Q It says, "Strategic vision is to expand both brands and generics," correct? A Correct. Q And as of April of 2004 when this presentation was put together, that was true, correct? A Yes. Q It says, "Strategic vision is to expand both brands and generics," correct? A Correct. Q And as of April of 2004 when this presentation was put together, that was true, correct? A Yes. Q And as of April of 2004 when this presentation was put together, that was true, correct? A Yes. Q And why was membership in GPhArma (sic), how did that many relate to this strategic vision to expand let's just take the generics business for Endo? A Who is GPhArma (sic)? A Nes. A Nes. A Who is GPhArma (sic) how did that many relate to this strategic vision to expand let's just take the generics business for Endo? A Who is GPhArma (sic), how did that many relate to this strategic vision to expand let's just take the generics business for Endo? A Who is GPhArma (sic), how did that many relate to this strategic vision to expand	8		8	21 of the presentation. And that's
10 pivotal – pilot and pivotal biostudies. 11 You know, I don't know – I don't 12 remember if they all exist anymore. But 13 if you want to do a pilot biostudy or 14 pivotal biostudy you have to go to 15 somebody who can do that work. And you 16 would – you would they are called 16 contact research organizations. 18 Q. Okay. Consultants I think 19 is self-explanatory. Pharm brokers is 19 the last one. What is that? 20 the last one. What is that? 21 A. Pharm broker would be 22 somebody that tries to put two companies together that has a need for – you know, 24 you have a product of – in a particular 24 therapeutic area, and I have a need for 1 put us together. So these were associate 4 members that they allowed to participate. 5 Q. Okay. And then lefs just 6 go to the next page, 19, which discusses 7 privileges of full membership. You said 8 Endo did become a member of GPhArma (sic). Did it become a full member? 10 Q. Okay. And so endo enjoyed 11 the privileges listed here? 11 M.S. VANNI: Object to form. 12 M.S. VANNI: Object to form. 13 M.S. VANNI: Object to form. 14 THE WITNESS: Yes, if we choose to take advantage. 15 Basically, my membership was going 17 to the meetings, period, at that point in time. 18 BY MS. SCULLION: 19 Q. Okay. First bullet point discusses participation in key industry 22 committees a ffecting areas such as 23 regulatory and logistics. 23 discher 23 and before, you had the FDA commissioner 22 said before, you had the head of OGD, which is 25 and before, you had the head of OGD, which is 25 and before, you had the FDA commissioner 22 and before, you had the FDA commissioner 22 and before, you had the head of OGD, which is 25 and before, you had the FDA commissioner 22 and before, you had the head of OGD, which is 25 and before, you had the FDA commissioner 22 and before, you had the head of OGD, which is 25 and 26 and 27 an	9	*	9	
11 You know, I don't know – I don't remember if they all exist anymore. But 1 1 1 2	10		10	organizations important?"
remember if they all exist anymore. But if you want to do a pilot biostudy or somebody who can do that work. And you would—you would they are called would—you would they are called record would—you would they are called would—you would they are called would—you would they are called record would—you would they are called record would—you would they are called would—you would the you would they are called would—you would the you would th	11		11	
13 if you want to do a pilot biostudy or pivotal biostudy you have to go to mombody who can do that work. And you would - you would they are called would - you would they are called contract research organizations. 16 Q. Okay. Consultants I think 18 19 is self-explanatory. Pharm brokers is the last one. What is that? 20 the last one. What is that? 21 A. Pharm broker would be 22 somebody that tries to put two companies 23 together that has a need for -you know, you have a product of in a particular Page 135 1 therapeutic area, and I have a need for 24 that product. They hear. They try to 3 put us together. So these were associate 4 members that they allowed to participate. Q. Okay. And then let's just 25 go to the next page, 19, which discusses 7 privileges of full membership. You said 8 Endo did become a member of GPhArma (sic). Did it become a full member? 10 A. Yes. 10 A. Yes. 10 A. Who is GPhArma (sic)? 11 Q. Okay. And so endo enjoyed 11 the privileges listed here? 12 choose to take advantage. 13 MS. VANNI: Object to form. 14 THE WITNESS: Yes, if we 15 choose to take advantage. 15 described in time. 18 Basically, my membership was going 16 to the meetings, period, at that point in time. 18 BY MS. SCULLION: 19 Q. Okay. First bullet point discusses participation in key industry 21 discusses participation in key industry 22 committees affecting areas such as 22 regulatory and logistics. 23 regulatory and logistics. 23 regulatory and logistics. 23 regulatory and logistics. 24 commitsee affecting areas such as 22 regulatory and logistics. 25 go to the carbot of come. You had the head of OGD, which is serviced. A. Yes. 20 A. And why was membership and generice business for 24 and the head of OGD, which is 25 mark transcription in the 25 mark transcription in the 26 mark transcription in the 27 mark transcription and the head of OGD, which is 27 mark transcription. 20 mark transcription in the 22 mark transcription in the 22 mark transcription and the head of OGD, which is 28 mark transcription. 21 mark transc	12		12	
14 pivotal biostudy you have to go to somebody who can do that work. And you life you would they are called contract research organizations. 17	13		13	-
somebody who can do that work. And you would - you would they are called would - you would they are called contract research organizations. Q. Okay. Consultants I think las is self-explanatory. Pharm brokers is the last one. What is that? A. Pes. Q. It says, "Strategic vision is to expand both brands and generics," correct? A. Pes. Q. It says, "Strategic vision is to expand both brands and generics," correct? A. Correct. Q. And as of April of 2004 when this presentation was put together, that was true, correct? A. Yes. Q. It says, "Strategic vision is to expand both brands and generics," correct? A. Correct. Q. And as of April of 2004 when this presentation was put together, that was true, correct? A. Yes. Q. And as of April of 2004 when this presentation was put together, that was true, correct? A. Yes. Q. And as of April of 2004 when this presentation was put together, that was true, correct? A. Yes. Q. And as of April of 2004 when this presentation was put together, that was true, correct? A. Yes. Q. And as of April of 2004 when this presentation was put together, that was true, correct? A. Yes. Q. And as of April of 2004 when this presentation was put together, that was true, correct? A. Yes. Q. And as of April of 2004 when this presentation was put together, that was true, correct? A. Yes. Q. And as of April of 2004 when this presentation was put together, that was true, correct? A. Correct. Q. And as of April of 2004 when this presentation was put together, that was true, correct? A. Correct. A. Correct. Q. And why was membership in GPhArma (sic), how did that many relate to this strategic vision to expand — let's just take the generics business for Endo? A. Yes. Q. Okay. And so endo enjoyed the privileges of full membership. You said to this strategic vision to expand in the privileges listed here? A. Yes. Q. If says, "Strategic vision of Correct? A. Yes. Q. And why was membership in GPhArma (sic), how did that many relate to this strategic vision to expand. A. Wes. Q. If says, "Str	14		14	
16 would – you would they are called 17 contract research organizations. 18 Q. Okay. Consultants I think 19 is self-explanatory. Pharm brokers is 20 the last one. What is that? 21 A. Pharm broker would be 22 somebody that tries to put two companies 23 together that has a need for – you know, 24 you have a product of – in a particular Page 135 1 therapeutic area, and I have a need for 2 that product. They hear. They try to 3 put us together. So these were associate 4 members that they allowed to participate. 5 Q. Okay. And then let's just 6 go to the next page, 19, which discusses 7 privileges of full membership. You said 8 Endo did become a member of GPhArma 9 (sic). Did it become a full member? 10 A. Yes. 11 Q. Okay. And so endo enjoyed 12 the privileges listed here? 12 dhose to take advantage. 13 MS. VANNI: Object to form. 14 THE WITNESS: Yes, if we 15 choose to take advantage. 16 Basically, my membership was going 17 to the meetings, period, at that 18 point in time. 19 BY MS. SCULLION: 20 Q. Okay. First bullet point 21 discusses participation in key industry 22 committees affecting areas such as 23 regulatory and logistics. 24 And that was true, correct? A. Yes. Q. And as of April of 2004 when this presentation was put together, that was true, correct? A. Correct. Q. And as of April of 2004 when this presentation was put together, that was true, correct? A. Yes. Q. And why was membership in GPhArma (sic), how did that many relate to this strategic vision to expand — let's just take the generics business for Endo? A. Who is GPhArma (sic)? Q. I'm sorry, Generic Pharmaceutical Association? A. Okay. I'm sorry. Can you repeat the question? A. Okay. I'm sorry. A. No is expand both brands and generics," Correct? A. Yes. Q. Mad that was true, correct? A. Yes. Q. And why was membership in GPhArma (sic), how did that many relate to this strategic vision t	15		15	generic business."
contract research organizations. Q. Okay. Consultants I think is self-explanatory. Pharm brokers is the last one. What is that? A. Pharm broker would be somebody that tries to put two companies together that has a need foryou know, you have a product of in a particular Page 135 therapeutic area, and I have a need for that product. They hear. They try to put us together. So these were associate members that they allowed to participate. Q. Okay. And then let's just go to the next page, 19, which discusses privileges of full membership. You said Endo did become a member of GPhArma (sic). Did it become a full member? A. Yes. Q. And why was membership in Endo's did become a full member? A. Yes. Q. And why was membership in Endo's did become a full member? A. Yes. Q. And why was membership in Endo's did become a full member? A. Yes. Q. And why was membership in Endo's did become a full member? A. Yes. Q. And why was membership in Endo did become a full member? A. Yes. Q. And why was membership in Endo's did that many relate to this strategic vision to expand let's just take the generics business for Endo'? A. Who is GPhArma (sic)? Q. I'm sorry, Generic Pharmaceutical Association? A. Okay. I'm sorry. Can you repeat the question? A. Okay. I'm sorry. Can you repeat the question? A. In order to make sure that we were aware of all the different activities affecting the generic industry as a whole. Not just in Endo, but, you know, normally at a GPhA meeting, as 1 said before, you had the FDA commissioner committees affecting areas such as committees affecting areas	16		16	
Q. Okay. Consultants I think is self-explanatory. Pharm brokers is the last one. What is that? A. Pharm broker would be somebody that tries to put two companies together that has a need for you know, you have a product of in a particular Page 135 Page 137 therapeutic area, and I have a need for that product. They hear. They try to put us together. So these were associate members that they allowed to participate. Q. Okay. And then let's just go to the next page, 19, which discusses privileges of full member? Q. Okay. And so endo enjoyed the privileges listed here? Q. Okay. And so endo enjoyed the privileges listed here? MS. VANNI: Object to form. THE WITNESS: Yes, if we choose to take advantage. Basically, my membership was going to the meetings, period, at that point in time. BY MS. SCULLION: Q. Okay. First bullet point discusses participation in key industry discusses participation in key industry committees affecting areas such as regulatory and logistics. D. Wat says, "Strategic vision is to expand and penerics," is to expand both brands and generics," is to expand both brands and generics," is to expand both brands and generics," a. A. Correct. Q. And as of April of 2004 when this presentation was put together, that was true, correct? A. Yes. Q. And why was membership in GPhArma (sic), how did that many relate to this strategic vision to expand to this strategic vision to expand to this presentation was put together, that was true, correct? A. Yes. Q. And why was membership in GPhArma (sic), how did that many relate to this strategic vision to expand to this presentation was put together, that was true, correct? A. Yes. Q. And why was membership in GPhArma (sic), how did that many relate to this strategic vision to expand to this presentation was put together, that was true, correct? A. Yes. Q. And why was membership in GPhArma (sic), how did that many relate to this strategic vision to expand to this presentation was put together. A. Yes. Q. I'm sorry, Generic Page 13			17	
is self-explanatory. Pharm brokers is the last one. What is that? A. Pharm broker would be somebody that tries to put two companies together that has a need for you know, you have a product of in a particular Page 135 therapeutic area, and I have a need for that product. They hear. They try to put us together. So these were associate members that they allowed to participate. Q. Okay. And then let's just go to the next page, 19, which discusses privileges of full members? A. Yes. Q. Okay. And so endo enjoyed the privileges listed here? A. Yes. Q. Okay. And so endo enjoyed the privileges listed here? MS. VANNI: Object to form. THE WITNESS: Yes, if we choose to take advantage. BY MS. SCULLION: Q. Okay. First bullet point discusses participation in key industry discusses a regulatory and logistics.	18		18	Q. It says, "Strategic vision
the last one. What is that? A. Pharm broker would be somebody that tries to put two companies together that has a need for — you know, you have a product of — in a particular Page 135 therapeutic area, and I have a need for that product. They hear. They try to 3 put us together. So these were associate 4 members that they allowed to participate. 5 Q. Okay. And then let's just 6 go to the next page, 19, which discusses 7 privileges of full membership. You said 8 Endo did become a member of GPhArma (sic). Did it become a full member? A. Yes. 10 Q. Okay. And so endo enjoyed 11 the privileges listed here? 12 Q. Okay. And so endo enjoyed 12 the privileges listed here? 13 MS. VANNI: Object to form. 14 THE WITNESS: Yes, if we choose to take advantage. 15 Basically, my membership was going 16 Bay MS. SCULLION: 18 Page 137 A. Yes. 10 A. Yes. 10 A. Yes. 10 A. Yes. 10 A. Who is GPhArma (sic)? 20 Why was membership in the Generic Pharmaceutical Association in important, as it says here, to the strategic vision to expand the generic business for Endo? 21 A. Okay. I'm sorry. Can you repeat the question? 22 A. In order to make sure that was true, correct? Page 135 Page 137 A. Yes. Q. And why was membership in GPhArma (sic), how did that many relate to this presentation was put together, that was true, correct? A. Yes. Q. And why was membership in GPhArma (sic), how did that many relate to this strategic vision to expand — let's just take the generics business for Endo? A. Who is GPhArma (sic)? A. Who is GPhArma (sic)? A. Okay. I'm sorry, Generic Pharmaceutical Association? A. Okay. I'm sorry. Can you repeat the question? A. In order to make sure that was true, correct?	19		19	
A. Pharm broker would be somebody that tries to put two companies together that has a need for you know, you have a product of in a particular Page 135 therapeutic area, and I have a need for that product. They hear. They try to put us together. So these were associate members that they allowed to participate. Q. Okay. And then let's just go to the next page, 19, which discusses privileges of full membership. You said Endo did become a member of GPhArma (sic). Did it become a full member? A. Yes. Q. Okay. And so endo enjoyed the privileges listed here? MS. VANNI: Object to form. THE WITNESS: Yes, if we choose to take advantage. Basically, my membership was going to the meetings, period, at that point in time. BY MS. SCULLION: Q. Okay. First bullet point discusses pregulatory and logistics.	20		20	
22 somebody that tries to put two companies 23 together that has a need for you know, 24 you have a product of in a particular Page 135 Page 137 1 therapeutic area, and I have a need for 2 that product. They hear. They try to 3 put us together. So these were associate 4 members that they allowed to participate. 5 Q. Okay. And then let's just 6 go to the next page, 19, which discusses 7 privileges of full membership. You said 8 Endo did become a member of GPhArma 9 (sic). Did it become a full member? 10 A. Yes. 11 Q. Okay. And so endo enjoyed 12 the privileges listed here? 13 MS. VANNI: Object to form. 14 THE WITNESS: Yes, if we 15 choose to take advantage. 16 Basically, my membership was going 17 to the meetings, period, at that 18 point in time. 19 BY MS. SCULLION: 20 Q. Okay. First bullet point 21 discusses participation in key industry 22 committees affecting areas such as 22 a g. And as of April of 2004 when this presentation was put together, that was true, correct? Page 137 A. Yes. Q. And why was membership in GPhArma (sic), how did that many relate to this strategic vision to expand let's just take the generics business for Endo? A. Okay. I'm sorry, Generic Pharmaceutical Association? A. Okay. I'm sorry. Can you repeat the question? Q. Why was membership in the Generic Pharmaceutical Association important, as it says here, to the strategic vision to expand the generic business for Endo? A. In order to make sure that we were aware of all the different activities affecting the generic industry as a whole. Not just in Endo, but, you know, normally at a GPhA meeting, as I said before, you had the FDA commissioner come. You had the head of OGD, which is	21		21	A. Correct.
together that has a need for you know, you have a product of in a particular Page 135 therapeutic area, and I have a need for that product. They hear. They try to put us together. So these were associate members that they allowed to participate. Q. Okay. And then let's just go to the next page, 19, which discusses privileges of full membership. You said Endo did become a member of GPhArma (sic). Did it become a full member? A. Yes. Q. Okay. And so endo enjoyed the privileges listed here? A. Yes. Q. Okay. I'm sorry, Generic Pharmaceutical Association important, as it says here, to the strategic vision to expand regulatory and logistics.	22		22	Q. And as of April of 2004 when
Page 135 therapeutic area, and I have a need for that product. They hear. They try to put us together. So these were associate members that they allowed to participate. Q. Okay. And then let's just go to the next page, 19, which discusses privileges of full membership. You said Endo did become a member of GPhArma (sic). Did it become a full member? A. Yes. Q. And why was membership in GPhArma (sic), how did that many relate to this strategic vision to expand let's just take the generics business for Endo? A. Who is GPhArma (sic)? A. Who is GPhArma (sic)? Q. I'm sorry, Generic Pharmaceutical Association? A. Okay. I'm sorry. Can you repeat the question? Q. Why was membership in the Generic Pharmaceutical Association important, as it says here, to the strategic vision to expand the generic business for Endo? A. Who is GPhArma (sic)? A. Okay. I'm sorry. Generic Pharmaceutical Association? Q. Why was membership in the Generic Pharmaceutical Association important, as it says here, to the strategic vision to expand the generic business for Endo? A. In order to make sure that we were aware of all the different activities affecting the generic industry as a whole. Not just in Endo, but, you know, normally at a GPhA meeting, as I said before, you had the FDA commissioner come. You had the head of OGD, which is	23		23	
therapeutic area, and I have a need for that product. They hear. They try to put us together. So these were associate members that they allowed to participate. Q. Okay. And then let's just togo the next page, 19, which discusses privileges of full membership. You said Endo did become a member of GPhArma (sic). Did it become a full member? A. Yes. Q. Okay. And so endo enjoyed the privileges listed here? MS. VANNI: Object to form. THE WITNESS: Yes, if we choose to take advantage. Basically, my membership was going to the meetings, period, at that point in time. BY MS. SCULLION: Q. Okay. First bullet point discusses participation in key industry committees affecting areas such as regulatory and logistics. Page 137 A. Yes. Q. And why was membership in GPhArma (sic), how did that many relate to this strategic vision to expand let's just take the generics business for Endo? A. Who is GPhArma (sic)? A. Who is GPhArma (sic).	24		24	
therapeutic area, and I have a need for that product. They hear. They try to put us together. So these were associate members that they allowed to participate. Q. Okay. And then let's just go to the next page, 19, which discusses privileges of full membership. You said Endo did become a member of GPhArma (sic). Did it become a full member? A. Yes. Q. Okay. And so endo enjoyed the privileges listed here? MS. VANNI: Object to form. THE WITNESS: Yes, if we choose to take advantage. Basically, my membership was going to the meetings, period, at that point in time. BY MS. SCULLION: Q. Okay. First bullet point discusses participation in key industry committees affecting areas such as Tegulatory and logistics. 1 A. Yes. Q. And why was membership in GPhArma (sic), how did that many relate to this strategic vision to expand let's just take the generics business for Endo? A. Who is GPhArma (sic)? A. Who is GPhArma (sic).				
that product. They hear. They try to put us together. So these were associate members that they allowed to participate. Q. Okay. And then let's just go to the next page, 19, which discusses privileges of full membership. You said Endo did become a member of GPhArma (sic), how did that many relate to this strategic vision to expand let's just take the generics business for Endo? A. Who is GPhArma (sic)? Q. I'm sorry, Generic Pharmaceutical Association? A. Okay. I'm sorry. Can you repeat the question? Q. Why was membership in the Generic Pharmaceutical Association important, as it says here, to the strategic vision to expand let's just take the generics business for Endo? A. Who is GPhArma (sic)? A. Who is GPhArma (sic). Pharmaceutical Association? A. Okay. I'm sorry. Can you repeat the question? A. Okay. I'm sorry. Can you repeat the question? A. Okay. I'm sorry. Can you repeat the question? A. In order to make sure that we were aware of all the different business for Endo? A. In order to make sure that we were aware of all the different activities affecting the generic industry activi		Page 135		Page 137
that product. They hear. They try to put us together. So these were associate members that they allowed to participate. Q. Okay. And then let's just go to the next page, 19, which discusses privileges of full membership. You said Endo did become a member of GPhArma (sic), how did that many relate to this strategic vision to expand let's just take the generics business for Endo? A. Who is GPhArma (sic)? Q. I'm sorry, Generic Pharmaceutical Association? A. Okay. I'm sorry. Can you repeat the question? Q. Why was membership in the Generic Pharmaceutical Association important, as it says here, to the strategic vision to expand let's just take the generics business for Endo? A. Who is GPhArma (sic)? A. Who is GPhArma (sic). Pharmaceutical Association? A. Okay. I'm sorry. Can you repeat the question? A. Okay. I'm sorry. Can you repeat the question? A. Okay. I'm sorry. Can you repeat the question? A. In order to make sure that we were aware of all the different business for Endo? A. In order to make sure that we were aware of all the different activities affecting the generic industry activi	1	therapeutic area, and I have a need for	1	A. Yes.
put us together. So these were associate members that they allowed to participate. Q. Okay. And then let's just go to the next page, 19, which discusses privileges of full membership. You said Endo did become a member of GPhArma (sic), how did that many relate to this strategic vision to expand let's just take the generics business for Endo? A. Who is GPhArma (sic)? A. Who is GPhArma (sic)? Q. I'm sorry, Generic Pharmaceutical Association? A. Okay. I'm sorry. Can you repeat the question? Q. Why was membership in the Generic Pharmaceutical Association HE WITNESS: Yes, if we choose to take advantage. Basically, my membership was going to the meetings, period, at that point in time. BY MS. SCULLION: Q. Okay. First bullet point discusses participation in key industry committees affecting areas such as regulatory and logistics.			2	
members that they allowed to participate. Q. Okay. And then let's just go to the next page, 19, which discusses privileges of full membership. You said Endo did become a member of GPhArma (sic). Did it become a full member? A. Yes. Q. Okay. And so endo enjoyed the privileges listed here? MS. VANNI: Object to form. MS. VANNI: Object to form. THE WITNESS: Yes, if we choose to take advantage. Basically, my membership was going to the meetings, period, at that point in time. BY MS. SCULLION: Q. Okay. First bullet point discusses participation in key industry committees affecting areas such as regulatory and logistics. de to this strategic vision to expand let's just take the generics business for Endo? A. Who is GPhArma (sic)? A. Who is definite the generic business for Endo? A. In order to make sure that we were aware of all the different activities affecting the generic industry as a whole. Not just in Endo, but, you know, normally at a GPhA meeting, as I said before, you had the FDA commissioner come. You had the head of OGD, which is			1	
5 Q. Okay. And then let's just 6 go to the next page, 19, which discusses 7 privileges of full membership. You said 8 Endo did become a member of GPhArma 9 (sic). Did it become a full member? 10 A. Yes. 11 Q. Okay. And so endo enjoyed 12 the privileges listed here? 13 MS. VANNI: Object to form. 14 THE WITNESS: Yes, if we 15 choose to take advantage. 16 Basically, my membership was going 17 to the meetings, period, at that 18 point in time. 19 BY MS. SCULLION: 10 Q. Okay. First bullet point 11 Q. Okay. First bullet point 12 discusses participation in key industry 13 committees affecting areas such as 15 let's just take the generics business for 16 Endo? 17 A. Who is GPhArma (sic)? 18 Q. I'm sorry, Generic 19 Pharmaceutical Association? 10 A. Okay. I'm sorry. Can you 11 repeat the question? 12 Q. Why was membership in the 13 Generic Pharmaceutical Association 14 important, as it says here, to the 15 strategic vision to expand the generic 16 business for Endo? 17 A. In order to make sure that 18 we were aware of all the different 19 BY MS. SCULLION: 19 activities affecting the generic industry 20 as a whole. Not just in Endo, but, you 21 know, normally at a GPhA meeting, as I 22 said before, you had the FDA commissioner 23 regulatory and logistics. 24 come. You had the head of OGD, which is		1 0		
6 go to the next page, 19, which discusses 7 privileges of full membership. You said 8 Endo did become a member of GPhArma 9 (sic). Did it become a full member? 10 A. Yes. 11 Q. Okay. And so endo enjoyed 12 the privileges listed here? 13 MS. VANNI: Object to form. 14 THE WITNESS: Yes, if we 15 choose to take advantage. 16 Basically, my membership was going 17 to the meetings, period, at that 18 point in time. 19 BY MS. SCULLION: 10 A. Who is GPhArma (sic)? 10 A. Okay. I'm sorry. Can you 11 repeat the question? 12 Q. Why was membership in the 13 Generic Pharmaceutical Association 14 important, as it says here, to the 15 strategic vision to expand the generic 16 business for Endo? 17 A. In order to make sure that 18 we were aware of all the different 19 BY MS. SCULLION: 19 activities affecting the generic industry 20 Q. Okay. First bullet point 20 as a whole. Not just in Endo, but, you 21 discusses participation in key industry 22 committees affecting areas such as 23 regulatory and logistics. 24 Endo? A. Who is GPhArma (sic)?			5	
privileges of full membership. You said Endo did become a member of GPhArma (sic). Did it become a full member? A. Yes. O. Okay. And so endo enjoyed the privileges listed here? MS. VANNI: Object to form. THE WITNESS: Yes, if we choose to take advantage. Basically, my membership was going to the meetings, period, at that point in time. BY MS. SCULLION: OR A. Who is GPhArma (sic)? A. Okay. I'm sorry. Can you repeat the question? A. Okay. I'm sorry. Can you repeat the question? A. Who is GPhArma (sic)? Pharmaceutical Association? A. Okay. I'm sorry. Can you repeat the question? A. In order to make succeptable business for Endo? A. In order to make sure that we were aware of all the different activities affecting the generic industry as a whole. Not just in Endo, but, you know, normally at a GPhA meeting, as I said before, you had the FDA commissioner regulatory and logistics.			1	
Endo did become a member of GPhArma (sic). Did it become a full member? A. Yes. Q. Okay. And so endo enjoyed the privileges listed here? MS. VANNI: Object to form. THE WITNESS: Yes, if we choose to take advantage. Basically, my membership was going to the meetings, period, at that BY MS. SCULLION: BY MS. SCULLION: Q. Why was membership in the Generic Pharmaceutical Association important, as it says here, to the strategic vision to expand the generic business for Endo? A. In order to make sure that we were aware of all the different activities affecting the generic industry Q. Okay. First bullet point discusses participation in key industry committees affecting areas such as regulatory and logistics. 20 CI'm sorry, Generic Pharmaceutical Association? A. Okay. I'm sorry, Can you A. Okay. I'm sorry. Can you Tepeat the question? A. In order to make sure that we were aware of all the different activities affecting the generic industry as a whole. Not just in Endo, but, you know, normally at a GPhA meeting, as I said before, you had the FDA commissioner come. You had the head of OGD, which is			7	
9 (sic). Did it become a full member? 10	8	1 0	8	` /
10 A. Yes. 11 Q. Okay. And so endo enjoyed 12 the privileges listed here? 13 MS. VANNI: Object to form. 14 THE WITNESS: Yes, if we 15 choose to take advantage. 16 Basically, my membership was going 17 to the meetings, period, at that 18 point in time. 19 BY MS. SCULLION: 19 Q. Why was membership in the 15 deneric Pharmaceutical Association 14 important, as it says here, to the 15 strategic vision to expand the generic 16 business for Endo? 17 A. In order to make sure that 18 we were aware of all the different 19 activities affecting the generic industry 20 Q. Okay. First bullet point 20 as a whole. Not just in Endo, but, you 21 discusses participation in key industry 22 committees affecting areas such as 23 regulatory and logistics. 24 A. Okay. I'm sorry. Can you 21 discussed the question? 24 A. Okay. I'm sorry. Can you			9	
11 Q. Okay. And so endo enjoyed 12 the privileges listed here? 13 MS. VANNI: Object to form. 14 THE WITNESS: Yes, if we 15 choose to take advantage. 16 Basically, my membership was going 17 to the meetings, period, at that 18 point in time. 19 BY MS. SCULLION: 19 activities affecting the generic industry 20 Q. Okay. First bullet point 21 discusses participation in key industry 22 committees affecting areas such as 23 regulatory and logistics. 20 Q. Okay. And so endo enjoyed 21 discusses participation enjoyed 22 come. You had the head of OGD, which is			1	
the privileges listed here? MS. VANNI: Object to form. MS. VANNI: Object to form. THE WITNESS: Yes, if we choose to take advantage. Basically, my membership was going to the meetings, period, at that point in time. BY MS. SCULLION: Q. Okay. First bullet point Q. Okay. First bullet point discusses participation in key industry committees affecting areas such as regulatory and logistics. 12 Q. Why was membership in the Generic Pharmaceutical Association 14 important, as it says here, to the strategic vision to expand the generic business for Endo? A. In order to make sure that we were aware of all the different activities affecting the generic industry as a whole. Not just in Endo, but, you know, normally at a GPhA meeting, as I said before, you had the FDA commissioner come. You had the head of OGD, which is			1	* * *
MS. VANNI: Object to form. 14 THE WITNESS: Yes, if we 15 choose to take advantage. 16 Basically, my membership was going 17 to the meetings, period, at that 18 point in time. 19 BY MS. SCULLION: 19 Q. Okay. First bullet point 20 Q. Okay. First bullet point 21 discusses participation in key industry 22 committees affecting areas such as 23 regulatory and logistics. 13 Generic Pharmaceutical Association 14 important, as it says here, to the 15 strategic vision to expand the generic 16 business for Endo? 17 A. In order to make sure that 18 we were aware of all the different 19 activities affecting the generic industry 20 as a whole. Not just in Endo, but, you 21 know, normally at a GPhA meeting, as I 22 said before, you had the FDA commissioner 23 come. You had the head of OGD, which is			12	
THE WITNESS: Yes, if we choose to take advantage. 16 Basically, my membership was going to the meetings, period, at that point in time. 18 BY MS. SCULLION: 19 Q. Okay. First bullet point discusses participation in key industry committees affecting areas such as regulatory and logistics. 14 important, as it says here, to the strategic vision to expand the generic business for Endo? 16 business for Endo? A. In order to make sure that we were aware of all the different activities affecting the generic industry as a whole. Not just in Endo, but, you know, normally at a GPhA meeting, as I said before, you had the FDA commissioner come. You had the head of OGD, which is			13	
choose to take advantage. Basically, my membership was going to the meetings, period, at that point in time. BY MS. SCULLION: Q. Okay. First bullet point discusses participation in key industry committees affecting areas such as regulatory and logistics. 15 strategic vision to expand the generic business for Endo? A. In order to make sure that we were aware of all the different activities affecting the generic industry as a whole. Not just in Endo, but, you know, normally at a GPhA meeting, as I said before, you had the FDA commissioner come. You had the head of OGD, which is			14	
Basically, my membership was going to the meetings, period, at that point in time. BY MS. SCULLION: Q. Okay. First bullet point discusses participation in key industry committees affecting areas such as regulatory and logistics. 16 business for Endo? A. In order to make sure that we were aware of all the different activities affecting the generic industry as a whole. Not just in Endo, but, you know, normally at a GPhA meeting, as I said before, you had the FDA commissioner come. You had the head of OGD, which is	15		15	
to the meetings, period, at that point in time. 18 we were aware of all the different 19 BY MS. SCULLION: 19 Q. Okay. First bullet point 20 Q. Okay. First bullet point 21 discusses participation in key industry 22 committees affecting areas such as 23 regulatory and logistics. 17 A. In order to make sure that we were aware of all the different 29 activities affecting the generic industry 20 as a whole. Not just in Endo, but, you 21 know, normally at a GPhA meeting, as I 22 said before, you had the FDA commissioner 23 regulatory and logistics. 23 come. You had the head of OGD, which is	16	· · · · · · · · · · · · · · · · · · ·	16	
point in time. 18 we were aware of all the different 19 BY MS. SCULLION: 19 activities affecting the generic industry 20 Q. Okay. First bullet point 21 discusses participation in key industry 22 committees affecting areas such as 23 regulatory and logistics. 18 we were aware of all the different 29 activities affecting the generic industry 20 as a whole. Not just in Endo, but, you 21 know, normally at a GPhA meeting, as I 22 said before, you had the FDA commissioner 23 come. You had the head of OGD, which is			17	
BY MS. SCULLION: Q. Okay. First bullet point discusses participation in key industry committees affecting areas such as regulatory and logistics. 19 activities affecting the generic industry as a whole. Not just in Endo, but, you know, normally at a GPhA meeting, as I said before, you had the FDA commissioner come. You had the head of OGD, which is	18		18	we were aware of all the different
Q. Okay. First bullet point 20 as a whole. Not just in Endo, but, you 21 discusses participation in key industry 22 committees affecting areas such as 23 regulatory and logistics. 20 as a whole. Not just in Endo, but, you 21 know, normally at a GPhA meeting, as I 22 said before, you had the FDA commissioner 23 come. You had the head of OGD, which is	19	*	19	activities affecting the generic industry
discusses participation in key industry committees affecting areas such as regulatory and logistics. 21 know, normally at a GPhA meeting, as I 22 said before, you had the FDA commissioner 23 come. You had the head of OGD, which is			20	
committees affecting areas such as regulatory and logistics. 22 said before, you had the FDA commissioner come. You had the head of OGD, which is	21		21	
regulatory and logistics. 23 come. You had the head of OGD, which is	22		22	
	23		23	
	24		24	

```
Page 138
                                                                                             Page 140
        have had the secretary of HHS come. You
 1
                                                        1
                                                               BY MS. SCULLION:
 2
        know, you had a lot of people that came
                                                        2
                                                                   Q. Got it. Now, but as an
 3
        with information and made presentations.
                                                        3
                                                              organization, the Generic Pharmaceutical
                So it was an informational
                                                        4
                                                              Association, was it also the idea that
 4
                                                        5
                                                              the organization could effectively lobby
 5
        kind of meeting. And that information,
                                                        6
                                                              the FDA and other government officials
 6
        it was important to hear that firsthand.
        And that's why -- you know, that's why it
 7
                                                        7
                                                              with respect to the interests of the
 8
        was important to belong.
                                                        8
                                                               generic industry, some of which you just
                                                        9
 9
            Q. Did those meetings also give
                                                               described?
        members the opportunity to interact with
                                                      10
10
                                                                      MS. VANNI: Object to form.
        some of the officials that you just
                                                      11
                                                                      THE WITNESS: I disagree --
11
                                                                   I disagree with the word
12
        described?
                                                      12
                                                                   "lobbying." You don't --
13
                                                      13
                MS. VANNI: Object to form.
                                                               BY MS. SCULLION:
14
        BY MS. SCULLION:
                                                      14
                                                      15
                                                                   O. How would you describe --
15
            Q. To speak to them?
16
            A. Yeah. I mean, we could
                                                      16
                                                                       -- lobby the FDA.
                                                                   A.
17
        shake their hand and talk to them if we
                                                      17
                                                                       Sure. How would you --
                                                                   O.
18
        wanted to.
                                                      18
                                                                       You can --
19
                                                      19
                                                                   O. -- describe it then?
            Q. Okay. Was that important to
20
                                                      20
        helping Endo's strategic vision to expand
                                                                       You can interact with the
21
        the generic business?
                                                      21
                                                              FDA and ask them -- give them your point
22
                MS. VANNI: Object to form.
                                                      22
                                                              of view. And they can either agree with
                                                      23
23
                THE WITNESS: It was -- it
                                                              your point of view or say I completely,
2.4
                                                      2.4
                                                              totally disagree. And then they tell you
            wasn't that significant. You're
                                      Page 139
                                                                                             Page 141
            not going to talk to the FDA
 1
                                                        1
                                                               what to do. And basically you either do
 2
            commissioner for very long other
                                                        2
                                                               it or you don't get your product
 3
            than, "Hi, how are you." So, no,
                                                        3
                                                               approved.
            that was -- it was more to hear
 4
                                                        4
                                                                   Q. Okay. I wasn't speaking of
 5
            what they had to say, what their
                                                        5
                                                               any particular product though. But was
 6
            vision was about where the FDA was
                                                        6
                                                               one of the roles of the Generic
 7
            going with respect to inspections
                                                        7
                                                               Pharmaceutical Association to interact
            and different things that they
 8
                                                        8
                                                               with -- let's just start with the FDA, to
                                                        9
 9
            were involved in.
                                                               try to advance the interests of the
                The big issue was the length
                                                      10
10
                                                               generic industry as a whole --
            of time for approval, was a big
                                                                       MS. VANNI: Objection.
11
                                                       11
            issue. They would always address
                                                       12
12
                                                               BY MS. SCULLION:
            that. And there was a lot of
13
                                                      13
                                                                   Q. -- not to any particular
            people that would ask questions
                                                      14
                                                               product?
14
15
            about when is the FDA going to
                                                       15
                                                                       MS. VANNI: Object to form.
16
            speed up generic approval. So
                                                      16
                                                                       THE WITNESS: I don't agree
17
            things like that.
                                                      17
                                                                   with the word "advance." I don't
18
                So it was more to hear what
                                                      18
                                                                   know what's meant by the word
            their position was. The audience
                                                      19
                                                                   "advance." The -- the purpose of
19
            members could ask questions, and
                                                                   the GPhA was to represent its
20
                                                      2.0
21
            that was -- if you call that
                                                       21
                                                                   interest to the members. A big
            interaction, you know, that's the
22
                                                      22
                                                                   issue was, and until recently when
2.3
            only really interaction other than
                                                      2.3
                                                                   the user fee concept got up and
            say, "Hi, how are you?"
24
                                                       24
                                                                   running to a greater degree, there
```

	Page 142		Page 144
1	was a great deal of time required	1	point, "Access of influential policy
2	to get a generic approved.	2	makers and legislators."
3	So you would spend a lot of	3	Do you agree that was a
4 .	money on the science and then have	4	value of membership in the GPhA?
5	to wait for it to be filed at the	5	A. Yes. Hearing their
6	FDA. And it could take two or	6	presentations, as I testified to, yes.
7	three years before you would get	7	Q. Okay. The next bullet
8	approval. The feeling was that	8	point, "Ability to influence legislation
9	should be faster. So that was a	9	and rulemaking affecting Endo."
10	big issue.	10	You agree that was a value
11	BY MS. SCULLION:	11	of membership in the GPhA?
12	Q. Okay.	12	A. It was, but I don't recall
13	A. So those kinds of things.	13	we ever used that.
14	The common interests, the common	14	Q. Okay. And then the last
15	interests is product approvals with the	15	bullet point is, "Opportunity for
16	FDA and then interacting with the	16	business."
17	government where possible to advance the	17	Was that also a value of
18	idea of generics, knowing we were much	18	membership in the GPhA?
19	financially outgunned by the pharma	19	A. It was a small benefit.
20	industry.	20	There might have been a business
21	Q. Understood. Let's go to the	21	development opportunity that you might
22	next page, 22. This page is headed	22	hear about by going. There might have
23	"Value of Membership in PhRMA and GPhA."	23	been, maybe you can meet with the CRO you
24	Do you see that?	24	didn't know the capacity to do a
	Do you see that:		didn't know the capacity to do a
	Page 143		
	rage 143		Page 145
1	A. Yes.	1	_
2	A. Yes.	1 2	scientific study, things like that.
	A. Yes. Q. Okay. And again, just		scientific study, things like that. Q. Okay. You can put the
2	A. Yes. Q. Okay. And again, just focusing on the right-hand column which	2	scientific study, things like that. Q. Okay. You can put the exhibit to the side for just a moment.
2 3	A. Yes. Q. Okay. And again, just focusing on the right-hand column which gives checkmarks for the various points	2 3	scientific study, things like that. Q. Okay. You can put the
2 3 4	A. Yes. Q. Okay. And again, just focusing on the right-hand column which gives checkmarks for the various points for GPhA. I just want to confirm that	2 3 4	scientific study, things like that. Q. Okay. You can put the exhibit to the side for just a moment. MS. SCULLION: Can I get Tab
2 3 4 5	A. Yes. Q. Okay. And again, just focusing on the right-hand column which gives checkmarks for the various points for GPhA. I just want to confirm that you agree that as of April 2004, each of	2 3 4 5	scientific study, things like that. Q. Okay. You can put the exhibit to the side for just a moment. MS. SCULLION: Can I get Tab 19 and Tab 75. BY MS. SCULLION:
2 3 4 5 6 7	A. Yes. Q. Okay. And again, just focusing on the right-hand column which gives checkmarks for the various points for GPhA. I just want to confirm that you agree that as of April 2004, each of these was a value of membership of the	2 3 4 5 6	scientific study, things like that. Q. Okay. You can put the exhibit to the side for just a moment. MS. SCULLION: Can I get Tab 19 and Tab 75. BY MS. SCULLION: Q. When you joined Endo in
2 3 4 5 6	A. Yes. Q. Okay. And again, just focusing on the right-hand column which gives checkmarks for the various points for GPhA. I just want to confirm that you agree that as of April 2004, each of these was a value of membership of the GPhA.	2 3 4 5 6 7	scientific study, things like that. Q. Okay. You can put the exhibit to the side for just a moment. MS. SCULLION: Can I get Tab 19 and Tab 75. BY MS. SCULLION: Q. When you joined Endo in 2003, Endo was already selling certain
2 3 4 5 6 7 8	A. Yes. Q. Okay. And again, just focusing on the right-hand column which gives checkmarks for the various points for GPhA. I just want to confirm that you agree that as of April 2004, each of these was a value of membership of the GPhA. The first is, "Advocacy of	2 3 4 5 6 7 8	scientific study, things like that. Q. Okay. You can put the exhibit to the side for just a moment. MS. SCULLION: Can I get Tab 19 and Tab 75. BY MS. SCULLION: Q. When you joined Endo in
2 3 4 5 6 7 8 9	A. Yes. Q. Okay. And again, just focusing on the right-hand column which gives checkmarks for the various points for GPhA. I just want to confirm that you agree that as of April 2004, each of these was a value of membership of the GPhA.	2 3 4 5 6 7 8 9	scientific study, things like that. Q. Okay. You can put the exhibit to the side for just a moment. MS. SCULLION: Can I get Tab 19 and Tab 75. BY MS. SCULLION: Q. When you joined Endo in 2003, Endo was already selling certain prescription opioids, correct? A. Yes.
2 3 4 5 6 7 8 9	A. Yes. Q. Okay. And again, just focusing on the right-hand column which gives checkmarks for the various points for GPhA. I just want to confirm that you agree that as of April 2004, each of these was a value of membership of the GPhA. The first is, "Advocacy of strategic issues affecting Endo,"	2 3 4 5 6 7 8 9	scientific study, things like that. Q. Okay. You can put the exhibit to the side for just a moment. MS. SCULLION: Can I get Tab 19 and Tab 75. BY MS. SCULLION: Q. When you joined Endo in 2003, Endo was already selling certain prescription opioids, correct? A. Yes.
2 3 4 5 6 7 8 9 10	A. Yes. Q. Okay. And again, just focusing on the right-hand column which gives checkmarks for the various points for GPhA. I just want to confirm that you agree that as of April 2004, each of these was a value of membership of the GPhA. The first is, "Advocacy of strategic issues affecting Endo," correct? A. By the GPhA, yes.	2 3 4 5 6 7 8 9 10 11	scientific study, things like that. Q. Okay. You can put the exhibit to the side for just a moment. MS. SCULLION: Can I get Tab 19 and Tab 75. BY MS. SCULLION: Q. When you joined Endo in 2003, Endo was already selling certain prescription opioids, correct? A. Yes. Q. And the principal one was was Percocet, right?
2 3 4 5 6 7 8 9 10 11 12	A. Yes. Q. Okay. And again, just focusing on the right-hand column which gives checkmarks for the various points for GPhA. I just want to confirm that you agree that as of April 2004, each of these was a value of membership of the GPhA. The first is, "Advocacy of strategic issues affecting Endo," correct?	2 3 4 5 6 7 8 9 10 11 12	scientific study, things like that. Q. Okay. You can put the exhibit to the side for just a moment. MS. SCULLION: Can I get Tab 19 and Tab 75. BY MS. SCULLION: Q. When you joined Endo in 2003, Endo was already selling certain prescription opioids, correct? A. Yes. Q. And the principal one was was Percocet, right? MS. VANNI: Object to form.
2 3 4 5 6 7 8 9 10 11 12 13	A. Yes. Q. Okay. And again, just focusing on the right-hand column which gives checkmarks for the various points for GPhA. I just want to confirm that you agree that as of April 2004, each of these was a value of membership of the GPhA. The first is, "Advocacy of strategic issues affecting Endo," correct? A. By the GPhA, yes. Q. Okay. The next is, "CI opportunities." Is that competitive	2 3 4 5 6 7 8 9 10 11 12 13	scientific study, things like that. Q. Okay. You can put the exhibit to the side for just a moment. MS. SCULLION: Can I get Tab 19 and Tab 75. BY MS. SCULLION: Q. When you joined Endo in 2003, Endo was already selling certain prescription opioids, correct? A. Yes. Q. And the principal one was was Percocet, right?
2 3 4 5 6 7 8 9 10 11 12 13	A. Yes. Q. Okay. And again, just focusing on the right-hand column which gives checkmarks for the various points for GPhA. I just want to confirm that you agree that as of April 2004, each of these was a value of membership of the GPhA. The first is, "Advocacy of strategic issues affecting Endo," correct? A. By the GPhA, yes. Q. Okay. The next is, "CI	2 3 4 5 6 7 8 9 10 11 12 13 14	scientific study, things like that. Q. Okay. You can put the exhibit to the side for just a moment. MS. SCULLION: Can I get Tab 19 and Tab 75. BY MS. SCULLION: Q. When you joined Endo in 2003, Endo was already selling certain prescription opioids, correct? A. Yes. Q. And the principal one waswas Percocet, right? MS. VANNI: Object to form. THE WITNESS: It all depends on how you define principal. It
2 3 4 5 6 7 8 9 10 11 12 13 14 15	A. Yes. Q. Okay. And again, just focusing on the right-hand column which gives checkmarks for the various points for GPhA. I just want to confirm that you agree that as of April 2004, each of these was a value of membership of the GPhA. The first is, "Advocacy of strategic issues affecting Endo," correct? A. By the GPhA, yes. Q. Okay. The next is, "CI opportunities." Is that competitive intelligence opportunities? A. Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15	scientific study, things like that. Q. Okay. You can put the exhibit to the side for just a moment. MS. SCULLION: Can I get Tab 19 and Tab 75. BY MS. SCULLION: Q. When you joined Endo in 2003, Endo was already selling certain prescription opioids, correct? A. Yes. Q. And the principal one was was Percocet, right? MS. VANNI: Object to form. THE WITNESS: It all depends on how you define principal. It would depend on the revenue.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	A. Yes. Q. Okay. And again, just focusing on the right-hand column which gives checkmarks for the various points for GPhA. I just want to confirm that you agree that as of April 2004, each of these was a value of membership of the GPhA. The first is, "Advocacy of strategic issues affecting Endo," correct? A. By the GPhA, yes. Q. Okay. The next is, "CI opportunities." Is that competitive intelligence opportunities? A. Yes. Q. And you agree that was a	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	scientific study, things like that. Q. Okay. You can put the exhibit to the side for just a moment. MS. SCULLION: Can I get Tab 19 and Tab 75. BY MS. SCULLION: Q. When you joined Endo in 2003, Endo was already selling certain prescription opioids, correct? A. Yes. Q. And the principal one was was Percocet, right? MS. VANNI: Object to form. THE WITNESS: It all depends on how you define principal. It would depend on the revenue. Another big product at the time
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. Yes. Q. Okay. And again, just focusing on the right-hand column which gives checkmarks for the various points for GPhA. I just want to confirm that you agree that as of April 2004, each of these was a value of membership of the GPhA. The first is, "Advocacy of strategic issues affecting Endo," correct? A. By the GPhA, yes. Q. Okay. The next is, "CI opportunities." Is that competitive intelligence opportunities? A. Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	scientific study, things like that. Q. Okay. You can put the exhibit to the side for just a moment. MS. SCULLION: Can I get Tab 19 and Tab 75. BY MS. SCULLION: Q. When you joined Endo in 2003, Endo was already selling certain prescription opioids, correct? A. Yes. Q. And the principal one was was Percocet, right? MS. VANNI: Object to form. THE WITNESS: It all depends on how you define principal. It would depend on the revenue.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Yes. Q. Okay. And again, just focusing on the right-hand column which gives checkmarks for the various points for GPhA. I just want to confirm that you agree that as of April 2004, each of these was a value of membership of the GPhA. The first is, "Advocacy of strategic issues affecting Endo," correct? A. By the GPhA, yes. Q. Okay. The next is, "CI opportunities." Is that competitive intelligence opportunities? A. Yes. Q. And you agree that was a value of membership in GPhA? A. Yeah. You could hear	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	scientific study, things like that. Q. Okay. You can put the exhibit to the side for just a moment. MS. SCULLION: Can I get Tab 19 and Tab 75. BY MS. SCULLION: Q. When you joined Endo in 2003, Endo was already selling certain prescription opioids, correct? A. Yes. Q. And the principal one was was Percocet, right? MS. VANNI: Object to form. THE WITNESS: It all depends on how you define principal. It would depend on the revenue. Another big product at the time that was increasing was Lidoderm.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Yes. Q. Okay. And again, just focusing on the right-hand column which gives checkmarks for the various points for GPhA. I just want to confirm that you agree that as of April 2004, each of these was a value of membership of the GPhA. The first is, "Advocacy of strategic issues affecting Endo," correct? A. By the GPhA, yes. Q. Okay. The next is, "CI opportunities." Is that competitive intelligence opportunities? A. Yes. Q. And you agree that was a value of membership in GPhA?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	scientific study, things like that. Q. Okay. You can put the exhibit to the side for just a moment. MS. SCULLION: Can I get Tab 19 and Tab 75. BY MS. SCULLION: Q. When you joined Endo in 2003, Endo was already selling certain prescription opioids, correct? A. Yes. Q. And the principal one was was Percocet, right? MS. VANNI: Object to form. THE WITNESS: It all depends on how you define principal. It would depend on the revenue. Another big product at the time that was increasing was Lidoderm. BY MS. SCULLION: Q. I just want to focus in on
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Yes. Q. Okay. And again, just focusing on the right-hand column which gives checkmarks for the various points for GPhA. I just want to confirm that you agree that as of April 2004, each of these was a value of membership of the GPhA. The first is, "Advocacy of strategic issues affecting Endo," correct? A. By the GPhA, yes. Q. Okay. The next is, "CI opportunities." Is that competitive intelligence opportunities? A. Yes. Q. And you agree that was a value of membership in GPhA? A. Yeah. You could hear things Q. Right.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	scientific study, things like that. Q. Okay. You can put the exhibit to the side for just a moment. MS. SCULLION: Can I get Tab 19 and Tab 75. BY MS. SCULLION: Q. When you joined Endo in 2003, Endo was already selling certain prescription opioids, correct? A. Yes. Q. And the principal one was was Percocet, right? MS. VANNI: Object to form. THE WITNESS: It all depends on how you define principal. It would depend on the revenue. Another big product at the time that was increasing was Lidoderm. BY MS. SCULLION: Q. I just want to focus in on the prescription opioids. Lidoderm was
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Yes. Q. Okay. And again, just focusing on the right-hand column which gives checkmarks for the various points for GPhA. I just want to confirm that you agree that as of April 2004, each of these was a value of membership of the GPhA. The first is, "Advocacy of strategic issues affecting Endo," correct? A. By the GPhA, yes. Q. Okay. The next is, "CI opportunities." Is that competitive intelligence opportunities? A. Yes. Q. And you agree that was a value of membership in GPhA? A. Yeah. You could hear things Q. Right.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	scientific study, things like that. Q. Okay. You can put the exhibit to the side for just a moment. MS. SCULLION: Can I get Tab 19 and Tab 75. BY MS. SCULLION: Q. When you joined Endo in 2003, Endo was already selling certain prescription opioids, correct? A. Yes. Q. And the principal one was was Percocet, right? MS. VANNI: Object to form. THE WITNESS: It all depends on how you define principal. It would depend on the revenue. Another big product at the time that was increasing was Lidoderm. BY MS. SCULLION: Q. I just want to focus in on
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Yes. Q. Okay. And again, just focusing on the right-hand column which gives checkmarks for the various points for GPhA. I just want to confirm that you agree that as of April 2004, each of these was a value of membership of the GPhA. The first is, "Advocacy of strategic issues affecting Endo," correct? A. By the GPhA, yes. Q. Okay. The next is, "CI opportunities." Is that competitive intelligence opportunities? A. Yes. Q. And you agree that was a value of membership in GPhA? A. Yeah. You could hear things Q. Right. A that was affecting the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	scientific study, things like that. Q. Okay. You can put the exhibit to the side for just a moment. MS. SCULLION: Can I get Tab 19 and Tab 75. BY MS. SCULLION: Q. When you joined Endo in 2003, Endo was already selling certain prescription opioids, correct? A. Yes. Q. And the principal one was was Percocet, right? MS. VANNI: Object to form. THE WITNESS: It all depends on how you define principal. It would depend on the revenue. Another big product at the time that was increasing was Lidoderm. BY MS. SCULLION: Q. I just want to focus in on the prescription opioids. Lidoderm was not an opioid, correct?

	Page 146		Page 148
1	opioid, we said, right?	1	They don't know if a generic
2	A. It was a brand opioid, yes.	2	exists or not. And they some
3	Q. Right. And there was also	3	patients say, hey, I don't want
4 .	Endocet, right?	4	the generic. So they don't know
5	A. Yes.	5	if exists or not, they write
6	Q. Was Endo already selling	6	"dispense as written," or "brand
7	Endocet when you joined?	7	medically necessary." You go into
8	A. Yes.	8	the pharmacy, and if a generic's
9	Q. Okay. And I just want to	9	
10	make sure I understand, Endocet was a	10	available, unless that's written
11		11	at the bottom of the script by the
12	generic equivalent to the branded product	12	physician, you will automatically
13	Percocet, correct? A. Yes.	13	get, by law, in 47, 48 states, I
			forget the exact number, you will
14	Q. Were there other generic	14	get the generic.
15	equivalents to Percocet on the market at	15	So the Percocet brand
16	the same time as Endocet, that were sold	16	business was going to decline and
17	by other companies other than Endo?	17	it was going to be replaced, the
18	A. Yes.	18	volume of Percocet was going to
19	Q. Why did Endo have both	19	convert, if you look at it as a
20	Percocet and Endocet, why was it selling	20	flavor of a pie, the Percocet
21	a generic version of its own product?	21	flavor was going to convert to the
22	MS. VANNI: Object to form.	22	generic flavor. Okay. So the pie
23	THE WITNESS: Well, the	23	stays the same, but the flavor
24	reason is that there was a generic	24	changes.
	Page 147		Page 149
1	competitor. And they had a	1	So rather than see their
2	generic business. So you can	2	brand business reduced and
3	either let the money all go to	3	declined before my time, they
4	your competitor and or you can	4	they launched the Endocet generic,
5	participate in the generic market.	5	which was the same as the brand
6	The brand business, once it	6	Percocet by it was AB-rated.
7	goes generic, is going to be	7	And as a result of that, they were
8	converted. So the brand	8	able to participate in the generic
9	doesn't there's not two you	9	market and minimize the financial
10	know, I call it a pie. Okay. So	10	impact of the loss of revenue for
11	once there's once there is a	11	brand Percocet.
12	generic competitor to Percocet,	12	BY MS. SCULLION:
13	Percocet sales are going to	13	Q. Okay. And AB-rated, just to
14	decline.	14	make it clear, means pharmaceutically
15	And normally the erosion	15	equivalent batch?
16	factor 47, 48 states have	16	A. Yes. Bioequivalent.
17	automatic generic substitutional	17	Q. Thank you.
18	rules. So when you walk into a	18	And so if I understand
19		19	
20	pharmacy, unless the doctor writes	20	correctly, by having both Endocet and
21	"dispense as written" or "brand	21	Percocet available, Endo was hedging
22	medically necessary," if the	21 22	against the decline in its branded
23	generic is available, you are going to get the generic. So they	22	Percocet share of the market and
	going to get the generic. So they	1 43	replacing at least some of that with
		1	
24	write the brand on the script.	24	Endocet?

```
Page 150
                                                                                             Page 152
                                                        1
 1
                MS. VANNI: Object to form.
                                                                    A. I think we're mixing the
 2
                THE WITNESS: I don't know
                                                        2
                                                               brand business and the generic business.
 3
            if I would use the word hedging.
                                                         3
                                                               The brand business focused on stocking.
                                                         4
                                                               That's all they do.
 4
            It's -- it's participating, it's
                                                         5
 5
            offsetting.
                                                                   O. Got it.
                                                         6
 6
        BY MS. SCULLION:
                                                                   A. They have nothing to do with
                                                               price. They have nothing to do with
 7
            O. Fair enough. Okay. So it
                                                        7
 8
        wouldn't -- it wouldn't have as much of a
                                                        8
                                                               anything but stocking, period. That's
                                                        9
 9
                                                               why 9 -- maybe that's 5, 8 percent of
        decline in its overall sales of an
        oxycodone APAP product, because some
                                                       10
                                                               their time is involved with the brand on
10
        would now be Endocet instead of Percocet?
                                                       11
11
                                                               stocking.
                                                       12
12
            A. Right.
                                                                       Once the brand is stocked.
13
            Q. Okay. And you explained
                                                       13
                                                               basically it's just maintenance. Okay.
14
        that there were other generic versions of
                                                       14
                                                               On the generic side it's more
        Percocet on the market at the same time
                                                       15
                                                               complicated. So I think to answer your
15
                                                               question, how we competed was we had to
        as Endocet. Was there any advantage to
                                                       16
16
        Endo in having the trademarked name
                                                       17
                                                               have a competitive price. We had to
17
        Endocet for its generic version?
                                                               supply, do all the -- you know, the -- do
18
                                                       18
19
            A. No, none at all. That was
                                                       19
                                                               all the necessary customer service things
20
                                                       20
                                                               from supply, interaction with the
        done before I got there.
21
            Q. Okay. And so in terms of
                                                       21
                                                               account. And that's what the national
22
        competing with the other generic versions
                                                       22
                                                               account executives would do.
23
        of Percocet that were on the market, how
                                                       23
                                                                       Normally in the big
2.4
        did Endo compete?
                                                       24
                                                               accounts, it also took -- I was involved
                                      Page 151
                                                                                             Page 153
                MS. VANNI: Object to form.
                                                        1
                                                               more in the generic side because I had in
 1
                                                               many cases, if not all cases, a personal
 2
                THE WITNESS: How --
                                                        2
 3
                                                         3
                                                               relationship with these folks going back
        BY MS. SCULLION:
                                                               from my, already by that time, many years
 4
             O. Sorry. How did Endocet --
                                                        4
                                                        5
                                                               of experience in the generic business.
 5
        how did Endocet compete with the other
 6
        generic versions on the market?
                                                         6
                                                               Now, most of them had -- hadn't changed.
                                                        7
 7
                MS. VANNI: Object to the
                                                               And so Endo was perceived when I got
                                                        8
                                                               there as a smaller generic company,
 8
             form.
                                                        9
 9
                                                               basically a little niche player focused
                THE WITNESS: What do you
10
             mean by how -- compete? How do
                                                       10
                                                               in at that time in -- mostly in control
             you mean? I'm sorry, I don't
                                                       11
                                                               drugs. Over time we tried to change that
11
             understand.
                                                       12
                                                               before I left where we tried to expand
12
                                                       13
                                                               the vision for Endo and get involved in
13
        BY MS. SCULLION:
14
             Q. Sure. That's okay. I think
                                                       14
                                                               other non-opioid drugs. But at the time,
                                                       15
                                                               that was how Endo was perceived, and we
15
        you explained earlier that there -- the
                                                       16
                                                               were able to compete because we supplied
16
        national account executives interacted
        with the wholesalers or the trade to get
                                                       17
                                                               product. We had good customer service.
17
                                                               We interacted well with -- with the
18
        the product stocked. Did Endo -- did
                                                       18
                                                       19
                                                               customer. We were responsive. All those
19
        Endo's national account executives
                                                       20
                                                               things that you need to do to get
20
        effectively compete with national account
21
                                                       21
                                                               business in the generic market.
        executives from other manufacturers to
        get Endocet stocked as the generic
                                                       22
                                                                   Q. Okay.
22
2.3
        version of Percocet instead of one of the
                                                       23
                                                                   A. We were open and
24
                                                       24
                                                               transparent. We didn't play games.
        others?
```

```
Page 154
                                                                                             Page 156
                                                        1
                                                                       MS. VANNI: Object to form.
 1
        These things may not sound important.
                                                                       THE WITNESS: It starts with
 2
        But to a large account, they are very
                                                        2
 3
        important.
                                                        3
                                                                   the doctor. The doctor -- a
            Q. And I'm trying to ask the
 4
                                                        4
                                                                   DEA-licensed physician writes a
                                                        5
 5
        question I was asking a little more
                                                                   prescription. The patient takes
                                                        6
 6
        clearly I hope.
                                                                   that to a pharmacy. CVS, Rite
 7
                A wholesaler like McKesson,
                                                        7
                                                                   Aid, Walgreens, whoever, you know,
 8
        would it be distributing more than one
                                                        8
                                                                   wherever -- it could be an
        generic version of Percocet or it would
                                                        9
                                                                   independent pharmacy.
 9
                                                       10
                                                               BY MS. SCULLION:
10
        just choose one?
            A. Well, McKesson -- any
                                                      11
                                                                   Q. Let's start with one of the
11
        wholesaler is going to carry multiple
12
                                                      12
                                                               chains.
13
        labels. What's in -- what they are
                                                      13
                                                                   A. Okay. So --
                                                                   Q. CVS.
14
        carrying in -- in their DCs is normally
                                                      14
        in response to the contracts that are
                                                      15
                                                                   A. CVS. Takes it to a CVS.
15
16
        loaded for that product for a respective
                                                      16
                                                               CVS fills that product. Okay. They --
                                                      17
17
        account.
                                                               normally in the pharmacies they have a
18
                So there's -- you know,
                                                      18
                                                               safe or a secure drawer for controlled
        we -- on the opioid market, you had -- we
                                                               drugs, whether it's opioid -- if it's a
19
                                                      19
20
        had customers who we shipped to,
                                                       20
                                                               C-II -- not all C-II are opioids. They
21
        DA-approved facilities --
                                                       21
                                                               have it in what's called a safe or a C-II
22
            Q. DEA?
                                                       22
                                                               drawer that's under lock and key.
                                                      23
23
            A. Yeah, they're all -- you
                                                                       And if you ripple that
2.4
                                                      2.4
                                                               effect, then because they don't have a
        can't --
                                      Page 155
                                                                                             Page 157
            Q. I just --
                                                        1
                                                              vault, they then have a designated,
 1
            A. I'm sorry, DEA-approved
 2
                                                        2
                                                              what's called -- the official name is
 3
        facilities, licensed facilities. And
                                                        3
                                                              prime vendor or wholesaler that they have
                                                        4
                                                              a contract loaded with to supply that
 4
        then we also went to the customer's
 5
                                                        5
                                                              particular pharmacy.
        customer, which were the chains and
 6
        customers that did not have a vault.
                                                        6
                                                                       So, then that wholesaler has
                                                        7
 7
                So in the case -- in the
                                                               those products in the DC, and they ship
                                                        8
                                                              the product to the chain or to the
 8
        case of McKesson, they -- I have no idea
 9
        how many labels they carried of the same
                                                        9
                                                              pharmacy direct.
10
                                                      10
                                                                   Q. Can we -- let's -- let's
        product, but we were not the only label
        they carried in the warehouse. Might
                                                      11
                                                              stick with CVS, okay. So if CVS, if a
11
12
        have been great if they had been, but
                                                      12
                                                              CVS pharmacy was going to fill a
                                                      13
                                                              prescription with a generic version of
13
        that's not the way they work. Not -- or
14
        in fairness, for the record, neither does
                                                      14
                                                              Percocet.
                                                      15
                                                                   A. Yes.
15
        Cardinal or AmerisourceBergen.
                                                      16
16
            Q. Okay. What determined
                                                                   O. Would that -- would the CVS
                                                      17
17
        ultimately whether a prescription for
                                                              pharmacy have only one generic version of
        oxycodone APAP got filled with -- if it
                                                      18
                                                               Percocet on hand to -- to fill that
18
                                                      19
        got filled with a generic, whether it got
                                                              prescription?
19
                                                      20
20
        filled with Endocet versus another
                                                                      MS. VANNI: Object to form.
                                                      21
21
        generic version? That's what I'm trying
                                                                       THE WITNESS: Yes.
                                                      22
                                                              BY MS. SCULLION:
22
        to understand.
                How -- how is it determined
2.3
                                                      23
                                                                   Q. Okay. How -- how was it
                                                      24
24
        what pill actually went to the patient?
                                                              determined which of the various generic
```

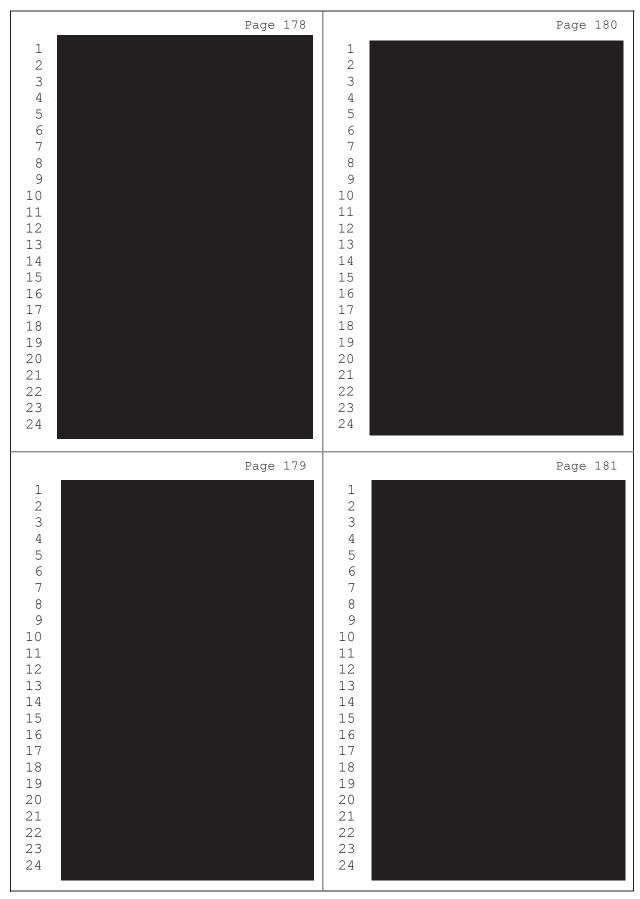
	Page 158		Page 160
1	versions CVS was using?	1	at the time. Things like that. It
2	Did Endo have a relationship	2	wasn't just about price. You don't want
3	with CVS that said you're going to use	3	to just compete on price.
4 .	Endocet, for example?	4	Q. Okay. Understood. Okay.
5	A. Well, we never say we're	5	MS. SCULLION: I apologize.
6	going to use it. We are honored to have	6	Can I have Tab 49?
7	their business if we were fortunate to	7	BY MS. SCULLION:
8	get their business.	8	Q. So we were talking about
9	Q. Understood. Okay. Fine.	9	the sorry about that the opioid
10	But would there be exclusive you'd be	10	products that Endo was selling when you
11	the exclusive supplier?	11	joined. We talked about Percocet,
12	A. At the time. Now they're	12	Endocet
13	they don't do exclusive anymore, because	13	A. You know, what oh, in
14	they are so big. But at the time you	14	Endo as a whole or the generic division?
15	were exclusive, yes.	15	Q. Endo as a whole. Endo as a
16	Q. Okay. And did Endo compete	16	whole. I mean, you were familiar with
17	with other generic manufacturers of these	17	Endo was selling Percocet at the time
18	oxycodone APAP drugs, compete to get the	18	that it was selling Endocet, right?
19	exclusives with different chains?	19	A. Yes. I was familiar with
20	MS. VANNI: Object to form.	20	it.
21	THE WITNESS: Yes.	21	(Document marked for
22	BY MS. SCULLION:	22	identification as Exhibit
23	Q. How, and what was the	23	Endo-Stevenson-7.)
24	competing based on for that contract?	24	BY MS. SCULLION:
24	competing based on for that contract?	24	BT MS. SCULLION.
	Page 159		Page 161
1	A. What I testified a moment	1	Q. Let me hand you what's been
2			
	ago, it was based on, you have to have a	2	marked as Exhibit Number 7. And Exhibit
3	ago, it was based on, you have to have a competitive price, how you did business,	2 3	
3 4	competitive price, how you did business, all the customer service, all that, okay.		marked as Exhibit Number 7. And Exhibit
3 4 5	competitive price, how you did business,	3	marked as Exhibit Number 7. And Exhibit Number 7 is a copy of Endo's Form 10-K
3 4 5 6	competitive price, how you did business, all the customer service, all that, okay.	3 4 5 6	marked as Exhibit Number 7. And Exhibit Number 7 is a copy of Endo's Form 10-K for the fiscal year-ending December 31,
3 4 5 6 7	competitive price, how you did business, all the customer service, all that, okay. Q. Okay. And so the price that CVS was paying was determined based on the contract between Endo and CVS; is	3 4 5 6 7	marked as Exhibit Number 7. And Exhibit Number 7 is a copy of Endo's Form 10-K for the fiscal year-ending December 31, 2004. And Mr. Stevenson, if you can turn to the second page of the
3 4 5 6 7 8	competitive price, how you did business, all the customer service, all that, okay. Q. Okay. And so the price that CVS was paying was determined based on	3 4 5 6	marked as Exhibit Number 7. And Exhibit Number 7 is a copy of Endo's Form 10-K for the fiscal year-ending December 31, 2004. And Mr. Stevenson, if you
3 4 5 6 7	competitive price, how you did business, all the customer service, all that, okay. Q. Okay. And so the price that CVS was paying was determined based on the contract between Endo and CVS; is	3 4 5 6 7	marked as Exhibit Number 7. And Exhibit Number 7 is a copy of Endo's Form 10-K for the fiscal year-ending December 31, 2004. And Mr. Stevenson, if you can turn to the second page of the
3 4 5 6 7 8 9	competitive price, how you did business, all the customer service, all that, okay. Q. Okay. And so the price that CVS was paying was determined based on the contract between Endo and CVS; is that right? A. Yeah, I don't know that I would call it a contract. But yes, it	3 4 5 6 7 8 9	marked as Exhibit Number 7. And Exhibit Number 7 is a copy of Endo's Form 10-K for the fiscal year-ending December 31, 2004. And Mr. Stevenson, if you can turn to the second page of the exhibit, you'll see the cover page that shows it's the 10-K. A. Yep.
3 4 5 6 7 8 9 10	competitive price, how you did business, all the customer service, all that, okay. Q. Okay. And so the price that CVS was paying was determined based on the contract between Endo and CVS; is that right? A. Yeah, I don't know that I would call it a contract. But yes, it was it was an agreement on the price.	3 4 5 6 7 8 9 10	marked as Exhibit Number 7. And Exhibit Number 7 is a copy of Endo's Form 10-K for the fiscal year-ending December 31, 2004. And Mr. Stevenson, if you can turn to the second page of the exhibit, you'll see the cover page that shows it's the 10-K. A. Yep. Q. Do you see that?
3 4 5 6 7 8 9 10 11	competitive price, how you did business, all the customer service, all that, okay. Q. Okay. And so the price that CVS was paying was determined based on the contract between Endo and CVS; is that right? A. Yeah, I don't know that I would call it a contract. But yes, it was it was an agreement on the price. Q. Okay. A price agreement.	3 4 5 6 7 8 9 10 11	marked as Exhibit Number 7. And Exhibit Number 7 is a copy of Endo's Form 10-K for the fiscal year-ending December 31, 2004. And Mr. Stevenson, if you can turn to the second page of the exhibit, you'll see the cover page that shows it's the 10-K. A. Yep. Q. Do you see that? A. I see it. Yes, I do.
3 4 5 6 7 8 9 10 11 12 13	competitive price, how you did business, all the customer service, all that, okay. Q. Okay. And so the price that CVS was paying was determined based on the contract between Endo and CVS; is that right? A. Yeah, I don't know that I would call it a contract. But yes, it was it was an agreement on the price. Q. Okay. A price agreement. Fair enough?	3 4 5 6 7 8 9 10 11 12 13	marked as Exhibit Number 7. And Exhibit Number 7 is a copy of Endo's Form 10-K for the fiscal year-ending December 31, 2004. And Mr. Stevenson, if you can turn to the second page of the exhibit, you'll see the cover page that shows it's the 10-K. A. Yep. Q. Do you see that? A. I see it. Yes, I do. Q. I just want to use this. If
3 4 5 6 7 8 9 10 11 12 13 14	competitive price, how you did business, all the customer service, all that, okay. Q. Okay. And so the price that CVS was paying was determined based on the contract between Endo and CVS; is that right? A. Yeah, I don't know that I would call it a contract. But yes, it was it was an agreement on the price. Q. Okay. A price agreement. Fair enough? A. Yeah, among other things.	3 4 5 6 7 8 9 10 11 12 13 14	marked as Exhibit Number 7. And Exhibit Number 7 is a copy of Endo's Form 10-K for the fiscal year-ending December 31, 2004. And Mr. Stevenson, if you can turn to the second page of the exhibit, you'll see the cover page that shows it's the 10-K. A. Yep. Q. Do you see that? A. I see it. Yes, I do. Q. I just want to use this. If we go back to page Page 10. It's a
3 4 5 6 7 8 9 10 11 12 13 14 15	competitive price, how you did business, all the customer service, all that, okay. Q. Okay. And so the price that CVS was paying was determined based on the contract between Endo and CVS; is that right? A. Yeah, I don't know that I would call it a contract. But yes, it was it was an agreement on the price. Q. Okay. A price agreement. Fair enough? A. Yeah, among other things. There might have been also involved	3 4 5 6 7 8 9 10 11 12 13 14 15	marked as Exhibit Number 7. And Exhibit Number 7 is a copy of Endo's Form 10-K for the fiscal year-ending December 31, 2004. And Mr. Stevenson, if you can turn to the second page of the exhibit, you'll see the cover page that shows it's the 10-K. A. Yep. Q. Do you see that? A. I see it. Yes, I do. Q. I just want to use this. If we go back to page Page 10. It's a little hard to find it in the printout.
3 4 5 6 7 8 9 10 11 12 13 14 15 16	competitive price, how you did business, all the customer service, all that, okay. Q. Okay. And so the price that CVS was paying was determined based on the contract between Endo and CVS; is that right? A. Yeah, I don't know that I would call it a contract. But yes, it was it was an agreement on the price. Q. Okay. A price agreement. Fair enough? A. Yeah, among other things. There might have been also involved well, in the case of opioids it wouldn't	3 4 5 6 7 8 9 10 11 12 13 14 15 16	marked as Exhibit Number 7. And Exhibit Number 7 is a copy of Endo's Form 10-K for the fiscal year-ending December 31, 2004. And Mr. Stevenson, if you can turn to the second page of the exhibit, you'll see the cover page that shows it's the 10-K. A. Yep. Q. Do you see that? A. I see it. Yes, I do. Q. I just want to use this. If we go back to page Page 10. It's a little hard to find it in the printout. If you look at page numbers at the bottom
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	competitive price, how you did business, all the customer service, all that, okay. Q. Okay. And so the price that CVS was paying was determined based on the contract between Endo and CVS; is that right? A. Yeah, I don't know that I would call it a contract. But yes, it was it was an agreement on the price. Q. Okay. A price agreement. Fair enough? A. Yeah, among other things. There might have been also involved well, in the case of opioids it wouldn't be effective because they didn't buy	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	marked as Exhibit Number 7. And Exhibit Number 7 is a copy of Endo's Form 10-K for the fiscal year-ending December 31, 2004. And Mr. Stevenson, if you can turn to the second page of the exhibit, you'll see the cover page that shows it's the 10-K. A. Yep. Q. Do you see that? A. I see it. Yes, I do. Q. I just want to use this. If we go back to page Page 10. It's a little hard to find it in the printout. If you look at page numbers at the bottom of the page, you'll see Page 9 on the
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	competitive price, how you did business, all the customer service, all that, okay. Q. Okay. And so the price that CVS was paying was determined based on the contract between Endo and CVS; is that right? A. Yeah, I don't know that I would call it a contract. But yes, it was it was an agreement on the price. Q. Okay. A price agreement. Fair enough? A. Yeah, among other things. There might have been also involved well, in the case of opioids it wouldn't be effective because they didn't buy direct. But under a non-opioid, it would	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	marked as Exhibit Number 7. And Exhibit Number 7 is a copy of Endo's Form 10-K for the fiscal year-ending December 31, 2004. And Mr. Stevenson, if you can turn to the second page of the exhibit, you'll see the cover page that shows it's the 10-K. A. Yep. Q. Do you see that? A. I see it. Yes, I do. Q. I just want to use this. If we go back to page Page 10. It's a little hard to find it in the printout. If you look at page numbers at the bottom of the page, you'll see Page 9 on the left side.
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	competitive price, how you did business, all the customer service, all that, okay. Q. Okay. And so the price that CVS was paying was determined based on the contract between Endo and CVS; is that right? A. Yeah, I don't know that I would call it a contract. But yes, it was it was an agreement on the price. Q. Okay. A price agreement. Fair enough? A. Yeah, among other things. There might have been also involved well, in the case of opioids it wouldn't be effective because they didn't buy direct. But under a non-opioid, it would also involve cash terms or prompt payment	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	marked as Exhibit Number 7. And Exhibit Number 7 is a copy of Endo's Form 10-K for the fiscal year-ending December 31, 2004. And Mr. Stevenson, if you can turn to the second page of the exhibit, you'll see the cover page that shows it's the 10-K. A. Yep. Q. Do you see that? A. I see it. Yes, I do. Q. I just want to use this. If we go back to page Page 10. It's a little hard to find it in the printout. If you look at page numbers at the bottom of the page, you'll see Page 9 on the
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	competitive price, how you did business, all the customer service, all that, okay. Q. Okay. And so the price that CVS was paying was determined based on the contract between Endo and CVS; is that right? A. Yeah, I don't know that I would call it a contract. But yes, it was it was an agreement on the price. Q. Okay. A price agreement. Fair enough? A. Yeah, among other things. There might have been also involved well, in the case of opioids it wouldn't be effective because they didn't buy direct. But under a non-opioid, it would	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	marked as Exhibit Number 7. And Exhibit Number 7 is a copy of Endo's Form 10-K for the fiscal year-ending December 31, 2004. And Mr. Stevenson, if you can turn to the second page of the exhibit, you'll see the cover page that shows it's the 10-K. A. Yep. Q. Do you see that? A. I see it. Yes, I do. Q. I just want to use this. If we go back to page Page 10. It's a little hard to find it in the printout. If you look at page numbers at the bottom of the page, you'll see Page 9 on the left side. A. Yes. Q. The next page is Page 10.
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	competitive price, how you did business, all the customer service, all that, okay. Q. Okay. And so the price that CVS was paying was determined based on the contract between Endo and CVS; is that right? A. Yeah, I don't know that I would call it a contract. But yes, it was it was an agreement on the price. Q. Okay. A price agreement. Fair enough? A. Yeah, among other things. There might have been also involved well, in the case of opioids it wouldn't be effective because they didn't buy direct. But under a non-opioid, it would also involve cash terms or prompt payment	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	marked as Exhibit Number 7. And Exhibit Number 7 is a copy of Endo's Form 10-K for the fiscal year-ending December 31, 2004. And Mr. Stevenson, if you can turn to the second page of the exhibit, you'll see the cover page that shows it's the 10-K. A. Yep. Q. Do you see that? A. I see it. Yes, I do. Q. I just want to use this. If we go back to page Page 10. It's a little hard to find it in the printout. If you look at page numbers at the bottom of the page, you'll see Page 9 on the left side. A. Yes.
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	competitive price, how you did business, all the customer service, all that, okay. Q. Okay. And so the price that CVS was paying was determined based on the contract between Endo and CVS; is that right? A. Yeah, I don't know that I would call it a contract. But yes, it was it was an agreement on the price. Q. Okay. A price agreement. Fair enough? A. Yeah, among other things. There might have been also involved well, in the case of opioids it wouldn't be effective because they didn't buy direct. But under a non-opioid, it would also involve cash terms or prompt payment terms and things like that. So there	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	marked as Exhibit Number 7. And Exhibit Number 7 is a copy of Endo's Form 10-K for the fiscal year-ending December 31, 2004. And Mr. Stevenson, if you can turn to the second page of the exhibit, you'll see the cover page that shows it's the 10-K. A. Yep. Q. Do you see that? A. I see it. Yes, I do. Q. I just want to use this. If we go back to page Page 10. It's a little hard to find it in the printout. If you look at page numbers at the bottom of the page, you'll see Page 9 on the left side. A. Yes. Q. The next page is Page 10.
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	competitive price, how you did business, all the customer service, all that, okay. Q. Okay. And so the price that CVS was paying was determined based on the contract between Endo and CVS; is that right? A. Yeah, I don't know that I would call it a contract. But yes, it was it was an agreement on the price. Q. Okay. A price agreement. Fair enough? A. Yeah, among other things. There might have been also involved well, in the case of opioids it wouldn't be effective because they didn't buy direct. But under a non-opioid, it would also involve cash terms or prompt payment terms and things like that. So there might have been other, you know, things	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	marked as Exhibit Number 7. And Exhibit Number 7 is a copy of Endo's Form 10-K for the fiscal year-ending December 31, 2004. And Mr. Stevenson, if you can turn to the second page of the exhibit, you'll see the cover page that shows it's the 10-K. A. Yep. Q. Do you see that? A. I see it. Yes, I do. Q. I just want to use this. If we go back to page Page 10. It's a little hard to find it in the printout. If you look at page numbers at the bottom of the page, you'll see Page 9 on the left side. A. Yes. Q. The next page is Page 10. A. Yes. Q. And looking at the top of Page 10, looking at the chart that lists
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	competitive price, how you did business, all the customer service, all that, okay. Q. Okay. And so the price that CVS was paying was determined based on the contract between Endo and CVS; is that right? A. Yeah, I don't know that I would call it a contract. But yes, it was it was an agreement on the price. Q. Okay. A price agreement. Fair enough? A. Yeah, among other things. There might have been also involved well, in the case of opioids it wouldn't be effective because they didn't buy direct. But under a non-opioid, it would also involve cash terms or prompt payment terms and things like that. So there might have been other, you know, things like that that might have been involved.	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	marked as Exhibit Number 7. And Exhibit Number 7 is a copy of Endo's Form 10-K for the fiscal year-ending December 31, 2004. And Mr. Stevenson, if you can turn to the second page of the exhibit, you'll see the cover page that shows it's the 10-K. A. Yep. Q. Do you see that? A. I see it. Yes, I do. Q. I just want to use this. If we go back to page Page 10. It's a little hard to find it in the printout. If you look at page numbers at the bottom of the page, you'll see Page 9 on the left side. A. Yes. Q. The next page is Page 10. A. Yes. Q. And looking at the top of

	Page 162		Page 164
1	Do you see that?	1	of the list, you see oxycodone ER and you
2	A. Yes.	2	see in terms of active ingredients there
3	Q. And I thought this would be	3	it lists oxycodone?
4 .	a useful place to remind us of what Endo	4	A. Yes.
5	was selling. Now, this is as of fiscal	5	Q. And again, at the time of
6	year 2004, granted. But we see second	6	this 10-K, it lists as being approved
7	from the top, Percocet, right?	7	subject to ongoing litigation.
8	A. Yes.	8	Do you see that?
9	Q. And again, that's it says	9	A. Yes.
10	oxycodone/acetaminophen, right?	10	Q. And that refers to Endo's,
11	A. Yes.	11	at this time, proposed sorry at
12	Q. Next one is Percodan, and	12	this time approved but not yet launched
13	that's oxycodone/aspirin, right?	13	generic version of OxyContin, right?
14	A. Yes.	14	A. Yes.
15		15	
I .	Q. Okay. And going down four	1	Q. And I just want to draw your
16 17	more, we see Endocet, and there we see	16 17	attention to the active ingredients for
I	oxycodone/acetaminophen again, right?	1	Percocet and for the oxycodone ER. They
18	A. Yes.	18	both contain oxycodone, correct?
19	Q. Next one is morphine sulfate	19	A. Yes.
20	ER?	20	Q. But the oxycodone ER is pure
21	A. Yes.	21	oxycodone, not a mixture with
22	Q. You see that? And that's	22	acetaminophen or aspirin, right?
23	morphine sulfate, right?	23	MS. VANNI: Object to form.
24	A. Yes.	24	THE WITNESS: It's not a
	Page 162		Page 165
	Page 163		Page 165
1	Q. And that's an	1	combination drug.
2	extended-release version?	2	BY MS. SCULLION:
3	A. Yes.	3	Q. Okay. If you will go to the
4			
	Q. Do you recall that's the	4	next page of Exhibit is it 7? Is that
5	generic equivalent to Purdue's MS Contin?	4 5	next page of Exhibit is it 7? Is that right? Sorry, I didn't write down
5 6	generic equivalent to Purdue's MS Contin? A. Yes.	4 5 6	next page of Exhibit is it 7? Is that right? Sorry, I didn't write down numbers.
5	generic equivalent to Purdue's MS Contin? A. Yes. Q. All right. Next is we	4 5 6 7	next page of Exhibit is it 7? Is that right? Sorry, I didn't write down numbers. If you go to the next page
5 6 7 8	generic equivalent to Purdue's MS Contin? A. Yes. Q. All right. Next is we see oxymorphone ER. Do you see and it	4 5 6 7 8	next page of Exhibit is it 7? Is that right? Sorry, I didn't write down numbers. If you go to the next page of Exhibit 7, you see at the top, a
5 6 7 8 9	generic equivalent to Purdue's MS Contin? A. Yes. Q. All right. Next is we see oxymorphone ER. Do you see and it says oxymorphone hydrochloride. Now, as	4 5 6 7	next page of Exhibit is it 7? Is that right? Sorry, I didn't write down numbers. If you go to the next page
5 6 7 8	generic equivalent to Purdue's MS Contin? A. Yes. Q. All right. Next is we see oxymorphone ER. Do you see and it	4 5 6 7 8	next page of Exhibit is it 7? Is that right? Sorry, I didn't write down numbers. If you go to the next page of Exhibit 7, you see at the top, a
5 6 7 8 9	generic equivalent to Purdue's MS Contin? A. Yes. Q. All right. Next is we see oxymorphone ER. Do you see and it says oxymorphone hydrochloride. Now, as	4 5 6 7 8 9	next page of Exhibit is it 7? Is that right? Sorry, I didn't write down numbers. If you go to the next page of Exhibit 7, you see at the top, a discussion of Percocet. And Endo states
5 6 7 8 9	generic equivalent to Purdue's MS Contin? A. Yes. Q. All right. Next is we see oxymorphone ER. Do you see and it says oxymorphone hydrochloride. Now, as of the date of this 10-K, it says it only	4 5 6 7 8 9	next page of Exhibit is it 7? Is that right? Sorry, I didn't write down numbers. If you go to the next page of Exhibit 7, you see at the top, a discussion of Percocet. And Endo states here, "We consider Percocet to be a gold
5 6 7 8 9 10 11	generic equivalent to Purdue's MS Contin? A. Yes. Q. All right. Next is we see oxymorphone ER. Do you see and it says oxymorphone hydrochloride. Now, as of the date of this 10-K, it says it only had an approvable letter.	4 5 6 7 8 9 10 11	next page of Exhibit is it 7? Is that right? Sorry, I didn't write down numbers. If you go to the next page of Exhibit 7, you see at the top, a discussion of Percocet. And Endo states here, "We consider Percocet to be a gold standard of pain management."
5 6 7 8 9 10 11 12	generic equivalent to Purdue's MS Contin? A. Yes. Q. All right. Next is we see oxymorphone ER. Do you see and it says oxymorphone hydrochloride. Now, as of the date of this 10-K, it says it only had an approvable letter. Do you see that?	4 5 6 7 8 9 10 11 12	next page of Exhibit is it 7? Is that right? Sorry, I didn't write down numbers. If you go to the next page of Exhibit 7, you see at the top, a discussion of Percocet. And Endo states here, "We consider Percocet to be a gold standard of pain management." Do you see that? A. Yes.
5 6 7 8 9 10 11 12 13	generic equivalent to Purdue's MS Contin? A. Yes. Q. All right. Next is we see oxymorphone ER. Do you see and it says oxymorphone hydrochloride. Now, as of the date of this 10-K, it says it only had an approvable letter. Do you see that? A. Yes.	4 5 6 7 8 9 10 11 12 13	next page of Exhibit is it 7? Is that right? Sorry, I didn't write down numbers. If you go to the next page of Exhibit 7, you see at the top, a discussion of Percocet. And Endo states here, "We consider Percocet to be a gold standard of pain management." Do you see that? A. Yes.
5 6 7 8 9 10 11 12 13 14	generic equivalent to Purdue's MS Contin? A. Yes. Q. All right. Next is we see oxymorphone ER. Do you see and it says oxymorphone hydrochloride. Now, as of the date of this 10-K, it says it only had an approvable letter. Do you see that? A. Yes. Q. And the next one is	4 5 6 7 8 9 10 11 12 13 14	next page of Exhibit is it 7? Is that right? Sorry, I didn't write down numbers. If you go to the next page of Exhibit 7, you see at the top, a discussion of Percocet. And Endo states here, "We consider Percocet to be a gold standard of pain management." Do you see that? A. Yes. Q. And that was true, right? That was a true statement?
5 6 7 8 9 10 11 12 13 14 15	generic equivalent to Purdue's MS Contin? A. Yes. Q. All right. Next is we see oxymorphone ER. Do you see and it says oxymorphone hydrochloride. Now, as of the date of this 10-K, it says it only had an approvable letter. Do you see that? A. Yes. Q. And the next one is oxymorphone IR. And again, only has an approvable letter at this time.	4 5 6 7 8 9 10 11 12 13 14 15 16	next page of Exhibit is it 7? Is that right? Sorry, I didn't write down numbers. If you go to the next page of Exhibit 7, you see at the top, a discussion of Percocet. And Endo states here, "We consider Percocet to be a gold standard of pain management." Do you see that? A. Yes. Q. And that was true, right? That was a true statement? MS. VANNI: Object to form.
5 6 7 8 9 10 11 12 13 14 15	generic equivalent to Purdue's MS Contin? A. Yes. Q. All right. Next is we see oxymorphone ER. Do you see and it says oxymorphone hydrochloride. Now, as of the date of this 10-K, it says it only had an approvable letter. Do you see that? A. Yes. Q. And the next one is oxymorphone IR. And again, only has an approvable letter at this time. Do you see that?	4 5 6 7 8 9 10 11 12 13 14 15 16 17	next page of Exhibit is it 7? Is that right? Sorry, I didn't write down numbers. If you go to the next page of Exhibit 7, you see at the top, a discussion of Percocet. And Endo states here, "We consider Percocet to be a gold standard of pain management." Do you see that? A. Yes. Q. And that was true, right? That was a true statement? MS. VANNI: Object to form. THE WITNESS: I can only
5 6 7 8 9 10 11 12 13 14 15 16 17	generic equivalent to Purdue's MS Contin? A. Yes. Q. All right. Next is we see oxymorphone ER. Do you see and it says oxymorphone hydrochloride. Now, as of the date of this 10-K, it says it only had an approvable letter. Do you see that? A. Yes. Q. And the next one is oxymorphone IR. And again, only has an approvable letter at this time. Do you see that? A. Yes.	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	next page of Exhibit is it 7? Is that right? Sorry, I didn't write down numbers. If you go to the next page of Exhibit 7, you see at the top, a discussion of Percocet. And Endo states here, "We consider Percocet to be a gold standard of pain management." Do you see that? A. Yes. Q. And that was true, right? That was a true statement? MS. VANNI: Object to form. THE WITNESS: I can only testify to that Percocet was
5 6 7 8 9 10 11 12 13 14 15 16 17 18	generic equivalent to Purdue's MS Contin? A. Yes. Q. All right. Next is we see oxymorphone ER. Do you see and it says oxymorphone hydrochloride. Now, as of the date of this 10-K, it says it only had an approvable letter. Do you see that? A. Yes. Q. And the next one is oxymorphone IR. And again, only has an approvable letter at this time. Do you see that? A. Yes. Q. Do you recall those are the	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	next page of Exhibit is it 7? Is that right? Sorry, I didn't write down numbers. If you go to the next page of Exhibit 7, you see at the top, a discussion of Percocet. And Endo states here, "We consider Percocet to be a gold standard of pain management." Do you see that? A. Yes. Q. And that was true, right? That was a true statement? MS. VANNI: Object to form. THE WITNESS: I can only testify to that Percocet was widely used, even by dentists. If
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	generic equivalent to Purdue's MS Contin? A. Yes. Q. All right. Next is we see oxymorphone ER. Do you see and it says oxymorphone hydrochloride. Now, as of the date of this 10-K, it says it only had an approvable letter. Do you see that? A. Yes. Q. And the next one is oxymorphone IR. And again, only has an approvable letter at this time. Do you see that? A. Yes. Q. Do you recall those are the products that became Opana ER and Opana?	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	next page of Exhibit is it 7? Is that right? Sorry, I didn't write down numbers. If you go to the next page of Exhibit 7, you see at the top, a discussion of Percocet. And Endo states here, "We consider Percocet to be a gold standard of pain management." Do you see that? A. Yes. Q. And that was true, right? That was a true statement? MS. VANNI: Object to form. THE WITNESS: I can only testify to that Percocet was widely used, even by dentists. If you have a toothache and they give
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	generic equivalent to Purdue's MS Contin? A. Yes. Q. All right. Next is we see oxymorphone ER. Do you see and it says oxymorphone hydrochloride. Now, as of the date of this 10-K, it says it only had an approvable letter. Do you see that? A. Yes. Q. And the next one is oxymorphone IR. And again, only has an approvable letter at this time. Do you see that? A. Yes. Q. Do you recall those are the products that became Opana ER and Opana? MS. VANNI: Object to form.	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	next page of Exhibit is it 7? Is that right? Sorry, I didn't write down numbers. If you go to the next page of Exhibit 7, you see at the top, a discussion of Percocet. And Endo states here, "We consider Percocet to be a gold standard of pain management." Do you see that? A. Yes. Q. And that was true, right? That was a true statement? MS. VANNI: Object to form. THE WITNESS: I can only testify to that Percocet was widely used, even by dentists. If you have a toothache and they give you a Percocet, it's probably
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	generic equivalent to Purdue's MS Contin? A. Yes. Q. All right. Next is we see oxymorphone ER. Do you see and it says oxymorphone hydrochloride. Now, as of the date of this 10-K, it says it only had an approvable letter. Do you see that? A. Yes. Q. And the next one is oxymorphone IR. And again, only has an approvable letter at this time. Do you see that? A. Yes. Q. Do you recall those are the products that became Opana ER and Opana? MS. VANNI: Object to form. THE WITNESS: Yes.	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	next page of Exhibit is it 7? Is that right? Sorry, I didn't write down numbers. If you go to the next page of Exhibit 7, you see at the top, a discussion of Percocet. And Endo states here, "We consider Percocet to be a gold standard of pain management." Do you see that? A. Yes. Q. And that was true, right? That was a true statement? MS. VANNI: Object to form. THE WITNESS: I can only testify to that Percocet was widely used, even by dentists. If you have a toothache and they give you a Percocet, it's probably 5/325. So does that mean it's a
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	generic equivalent to Purdue's MS Contin? A. Yes. Q. All right. Next is we see oxymorphone ER. Do you see and it says oxymorphone hydrochloride. Now, as of the date of this 10-K, it says it only had an approvable letter. Do you see that? A. Yes. Q. And the next one is oxymorphone IR. And again, only has an approvable letter at this time. Do you see that? A. Yes. Q. Do you recall those are the products that became Opana ER and Opana? MS. VANNI: Object to form. THE WITNESS: Yes. BY MS. SCULLION:	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	next page of Exhibit is it 7? Is that right? Sorry, I didn't write down numbers. If you go to the next page of Exhibit 7, you see at the top, a discussion of Percocet. And Endo states here, "We consider Percocet to be a gold standard of pain management." Do you see that? A. Yes. Q. And that was true, right? That was a true statement? MS. VANNI: Object to form. THE WITNESS: I can only testify to that Percocet was widely used, even by dentists. If you have a toothache and they give you a Percocet, it's probably 5/325. So does that mean it's a gold standard? I don't know how
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	generic equivalent to Purdue's MS Contin? A. Yes. Q. All right. Next is we see oxymorphone ER. Do you see and it says oxymorphone hydrochloride. Now, as of the date of this 10-K, it says it only had an approvable letter. Do you see that? A. Yes. Q. And the next one is oxymorphone IR. And again, only has an approvable letter at this time. Do you see that? A. Yes. Q. Do you recall those are the products that became Opana ER and Opana? MS. VANNI: Object to form. THE WITNESS: Yes.	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	next page of Exhibit is it 7? Is that right? Sorry, I didn't write down numbers. If you go to the next page of Exhibit 7, you see at the top, a discussion of Percocet. And Endo states here, "We consider Percocet to be a gold standard of pain management." Do you see that? A. Yes. Q. And that was true, right? That was a true statement? MS. VANNI: Object to form. THE WITNESS: I can only testify to that Percocet was widely used, even by dentists. If you have a toothache and they give you a Percocet, it's probably 5/325. So does that mean it's a

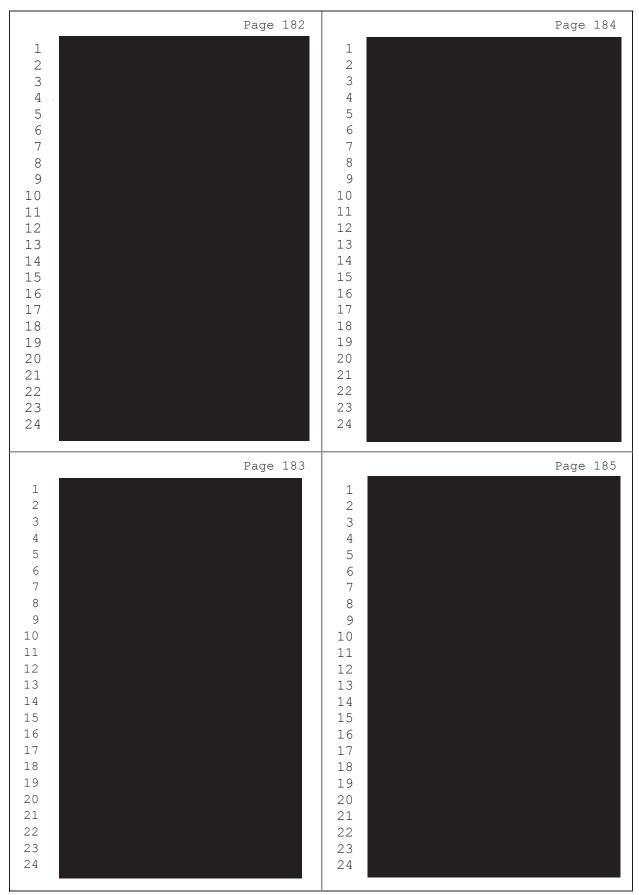
	Page 166		Page 168
1	I wasn't there when they	1	may be substituted with a generic version
2	wrote this, or if I was, I wasn't	2	at the pharmacy, right?
3	involved in it.	3	A. By law, it has to be
4 .	BY MS. SCULLION:	4	substituted.
5	Q. Okay. No dispute. That's	5	Q. In the states that you
6	how Endo described Percocet in its 10-K	6	referred to?
7	filed with the SEC?	7	A. Well, 47 or 48 out of 50,
8	A. That's how Endo described	8	unless the brand writes "brand
9	it, yeah.	9	medically necessary" or "dispense is
10	Q. Right. And it goes on, just	10	written."
11	to remind ourselves of the history,	11	Q. Okay. And the reference
12	explains that Endocet I'm sorry	12	here to IMS national prescription audit,
13	Percocet was launched in 1976, correct?	13	you also referred to IMS earlier today.
14	A. That's what it says.	14	Can you explain what IMS was?
15	Q. And that was approved for	15	A. IMS was I don't know what
16	the treatment of moderate to moderately	16	the letters stand for anymore. But
17	severe pain, right?	17	basically they were they gathered data
18	A. Yes.	18	from stores, prescription data, and
19		19	
20	Q. And then it explains that	20	which was units, they could break it down into down to extended-release, or they
21	Percocet has faced generic competition	21	could break it down into tablets and
22	for nearly 20 years. Do you see and	22	
23	that was right? That was accurate, correct?	23	capsules, you know, if you have to.
24		24	Q. I think you've lost your
24	MS. VANNI: Object to form.	24	microphone. There you go.
	Page 167		Page 169
1	_	1	
1 2	THE WITNESS: I assume. BY MS. SCULLION:	1 2	A. They can break it down into
2	THE WITNESS: I assume. BY MS. SCULLION:		A. They can break it down into tablets and capsules if they had to. And
2 3	THE WITNESS: I assume. BY MS. SCULLION: Q. Okay. Then it says, "In	2	A. They can break it down into tablets and capsules if they had to. And that data became, you know, widely used
2 3 4	THE WITNESS: I assume. BY MS. SCULLION: Q. Okay. Then it says, "In 2004, according to the IMS national	2 3 4	A. They can break it down into tablets and capsules if they had to. And that data became, you know, widely used by both the brand and the pharmaceutical
2 3	THE WITNESS: I assume. BY MS. SCULLION: Q. Okay. Then it says, "In 2004, according to the IMS national prescription audit, approximately	2 3	A. They can break it down into tablets and capsules if they had to. And that data became, you know, widely used by both the brand and the pharmaceutical industry to understand how their product
2 3 4 5	THE WITNESS: I assume. BY MS. SCULLION: Q. Okay. Then it says, "In 2004, according to the IMS national prescription audit, approximately 17.9 million new prescriptions for this	2 3 4 5	A. They can break it down into tablets and capsules if they had to. And that data became, you know, widely used by both the brand and the pharmaceutical industry to understand how their product was doing with respect to sales and
2 3 4 5 6 7	THE WITNESS: I assume. BY MS. SCULLION: Q. Okay. Then it says, "In 2004, according to the IMS national prescription audit, approximately 17.9 million new prescriptions for this combination of oxycodone HCl and	2 3 4 5 6 7	A. They can break it down into tablets and capsules if they had to. And that data became, you know, widely used by both the brand and the pharmaceutical industry to understand how their product was doing with respect to sales and demand.
2 3 4 5 6 7 8	THE WITNESS: I assume. BY MS. SCULLION: Q. Okay. Then it says, "In 2004, according to the IMS national prescription audit, approximately 17.9 million new prescriptions for this combination of oxycodone HCl and acetaminophen were written for the brand	2 3 4 5 6 7 8	A. They can break it down into tablets and capsules if they had to. And that data became, you know, widely used by both the brand and the pharmaceutical industry to understand how their product was doing with respect to sales and demand. Q. Did you use IMS data when
2 3 4 5 6 7	THE WITNESS: I assume. BY MS. SCULLION: Q. Okay. Then it says, "In 2004, according to the IMS national prescription audit, approximately 17.9 million new prescriptions for this combination of oxycodone HCl and acetaminophen were written for the brand name Percocet."	2 3 4 5 6 7	A. They can break it down into tablets and capsules if they had to. And that data became, you know, widely used by both the brand and the pharmaceutical industry to understand how their product was doing with respect to sales and demand. Q. Did you use IMS data when you were with Endo?
2 3 4 5 6 7 8	THE WITNESS: I assume. BY MS. SCULLION: Q. Okay. Then it says, "In 2004, according to the IMS national prescription audit, approximately 17.9 million new prescriptions for this combination of oxycodone HCl and acetaminophen were written for the brand name Percocet." Did I read that correctly?	2 3 4 5 6 7 8	A. They can break it down into tablets and capsules if they had to. And that data became, you know, widely used by both the brand and the pharmaceutical industry to understand how their product was doing with respect to sales and demand. Q. Did you use IMS data when you were with Endo? A. IMS (sic) contracted to buy
2 3 4 5 6 7 8 9 10 11	THE WITNESS: I assume. BY MS. SCULLION: Q. Okay. Then it says, "In 2004, according to the IMS national prescription audit, approximately 17.9 million new prescriptions for this combination of oxycodone HCl and acetaminophen were written for the brand name Percocet." Did I read that correctly? A. Yes.	2 3 4 5 6 7 8 9	A. They can break it down into tablets and capsules if they had to. And that data became, you know, widely used by both the brand and the pharmaceutical industry to understand how their product was doing with respect to sales and demand. Q. Did you use IMS data when you were with Endo? A. IMS (sic) contracted to buy IMS data. You buy the pharmaceutical
2 3 4 5 6 7 8 9	THE WITNESS: I assume. BY MS. SCULLION: Q. Okay. Then it says, "In 2004, according to the IMS national prescription audit, approximately 17.9 million new prescriptions for this combination of oxycodone HCl and acetaminophen were written for the brand name Percocet." Did I read that correctly? A. Yes. Q. Okay. So what Endo is	2 3 4 5 6 7 8 9 10	A. They can break it down into tablets and capsules if they had to. And that data became, you know, widely used by both the brand and the pharmaceutical industry to understand how their product was doing with respect to sales and demand. Q. Did you use IMS data when you were with Endo? A. IMS (sic) contracted to buy IMS data. You buy the pharmaceutical companies buy the data.
2 3 4 5 6 7 8 9 10 11 12 13	THE WITNESS: I assume. BY MS. SCULLION: Q. Okay. Then it says, "In 2004, according to the IMS national prescription audit, approximately 17.9 million new prescriptions for this combination of oxycodone HCl and acetaminophen were written for the brand name Percocet." Did I read that correctly? A. Yes. Q. Okay. So what Endo is saying is that nearly 20 years into	2 3 4 5 6 7 8 9 10 11 12	A. They can break it down into tablets and capsules if they had to. And that data became, you know, widely used by both the brand and the pharmaceutical industry to understand how their product was doing with respect to sales and demand. Q. Did you use IMS data when you were with Endo? A. IMS (sic) contracted to buy IMS data. You buy the pharmaceutical companies buy the data. Q. I'm sorry. I think you said
2 3 4 5 6 7 8 9 10 11 12 13 14	THE WITNESS: I assume. BY MS. SCULLION: Q. Okay. Then it says, "In 2004, according to the IMS national prescription audit, approximately 17.9 million new prescriptions for this combination of oxycodone HCl and acetaminophen were written for the brand name Percocet." Did I read that correctly? A. Yes. Q. Okay. So what Endo is saying is that nearly 20 years into generic competition, doctors are still	2 3 4 5 6 7 8 9 10 11 12 13 14	A. They can break it down into tablets and capsules if they had to. And that data became, you know, widely used by both the brand and the pharmaceutical industry to understand how their product was doing with respect to sales and demand. Q. Did you use IMS data when you were with Endo? A. IMS (sic) contracted to buy IMS data. You buy the pharmaceutical companies buy the data. Q. I'm sorry. I think you said IMS. You meant to say Endo contracted to
2 3 4 5 6 7 8 9 10 11 12 13 14	THE WITNESS: I assume. BY MS. SCULLION: Q. Okay. Then it says, "In 2004, according to the IMS national prescription audit, approximately 17.9 million new prescriptions for this combination of oxycodone HCl and acetaminophen were written for the brand name Percocet." Did I read that correctly? A. Yes. Q. Okay. So what Endo is saying is that nearly 20 years into generic competition, doctors are still writing it as Percocet brand name in	2 3 4 5 6 7 8 9 10 11 12 13	A. They can break it down into tablets and capsules if they had to. And that data became, you know, widely used by both the brand and the pharmaceutical industry to understand how their product was doing with respect to sales and demand. Q. Did you use IMS data when you were with Endo? A. IMS (sic) contracted to buy IMS data. You buy the pharmaceutical companies buy the data. Q. I'm sorry. I think you said IMS. You meant to say Endo contracted to buy
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	THE WITNESS: I assume. BY MS. SCULLION: Q. Okay. Then it says, "In 2004, according to the IMS national prescription audit, approximately 17.9 million new prescriptions for this combination of oxycodone HCl and acetaminophen were written for the brand name Percocet." Did I read that correctly? A. Yes. Q. Okay. So what Endo is saying is that nearly 20 years into generic competition, doctors are still writing it as Percocet brand name in large part, right?	2 3 4 5 6 7 8 9 10 11 12 13 14 15	A. They can break it down into tablets and capsules if they had to. And that data became, you know, widely used by both the brand and the pharmaceutical industry to understand how their product was doing with respect to sales and demand. Q. Did you use IMS data when you were with Endo? A. IMS (sic) contracted to buy IMS data. You buy the pharmaceutical companies buy the data. Q. I'm sorry. I think you said IMS. You meant to say Endo contracted to buy A. Well, contracted is maybe
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	THE WITNESS: I assume. BY MS. SCULLION: Q. Okay. Then it says, "In 2004, according to the IMS national prescription audit, approximately 17.9 million new prescriptions for this combination of oxycodone HCl and acetaminophen were written for the brand name Percocet." Did I read that correctly? A. Yes. Q. Okay. So what Endo is saying is that nearly 20 years into generic competition, doctors are still writing it as Percocet brand name in large part, right? MS. VANNI: Object to form.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. They can break it down into tablets and capsules if they had to. And that data became, you know, widely used by both the brand and the pharmaceutical industry to understand how their product was doing with respect to sales and demand. Q. Did you use IMS data when you were with Endo? A. IMS (sic) contracted to buy IMS data. You buy the pharmaceutical companies buy the data. Q. I'm sorry. I think you said IMS. You meant to say Endo contracted to buy A. Well, contracted is maybe not the right Endo purchased IMS data.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	THE WITNESS: I assume. BY MS. SCULLION: Q. Okay. Then it says, "In 2004, according to the IMS national prescription audit, approximately 17.9 million new prescriptions for this combination of oxycodone HCl and acetaminophen were written for the brand name Percocet." Did I read that correctly? A. Yes. Q. Okay. So what Endo is saying is that nearly 20 years into generic competition, doctors are still writing it as Percocet brand name in large part, right? MS. VANNI: Object to form. THE WITNESS: Yes. But	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. They can break it down into tablets and capsules if they had to. And that data became, you know, widely used by both the brand and the pharmaceutical industry to understand how their product was doing with respect to sales and demand. Q. Did you use IMS data when you were with Endo? A. IMS (sic) contracted to buy IMS data. You buy the pharmaceutical companies buy the data. Q. I'm sorry. I think you said IMS. You meant to say Endo contracted to buy A. Well, contracted is maybe not the right Endo purchased IMS data. Q. Okay. And did you use the
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	THE WITNESS: I assume. BY MS. SCULLION: Q. Okay. Then it says, "In 2004, according to the IMS national prescription audit, approximately 17.9 million new prescriptions for this combination of oxycodone HCl and acetaminophen were written for the brand name Percocet." Did I read that correctly? A. Yes. Q. Okay. So what Endo is saying is that nearly 20 years into generic competition, doctors are still writing it as Percocet brand name in large part, right? MS. VANNI: Object to form. THE WITNESS: Yes. But doctors, for the record, write the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	A. They can break it down into tablets and capsules if they had to. And that data became, you know, widely used by both the brand and the pharmaceutical industry to understand how their product was doing with respect to sales and demand. Q. Did you use IMS data when you were with Endo? A. IMS (sic) contracted to buy IMS data. You buy the pharmaceutical companies buy the data. Q. I'm sorry. I think you said IMS. You meant to say Endo contracted to buy A. Well, contracted is maybe not the right Endo purchased IMS data. Q. Okay. And did you use the IMS data that Endo purchased when you
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	THE WITNESS: I assume. BY MS. SCULLION: Q. Okay. Then it says, "In 2004, according to the IMS national prescription audit, approximately 17.9 million new prescriptions for this combination of oxycodone HCl and acetaminophen were written for the brand name Percocet." Did I read that correctly? A. Yes. Q. Okay. So what Endo is saying is that nearly 20 years into generic competition, doctors are still writing it as Percocet brand name in large part, right? MS. VANNI: Object to form. THE WITNESS: Yes. But doctors, for the record, write the brand name on the script, even if	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. They can break it down into tablets and capsules if they had to. And that data became, you know, widely used by both the brand and the pharmaceutical industry to understand how their product was doing with respect to sales and demand. Q. Did you use IMS data when you were with Endo? A. IMS (sic) contracted to buy IMS data. You buy the pharmaceutical companies buy the data. Q. I'm sorry. I think you said IMS. You meant to say Endo contracted to buy A. Well, contracted is maybe not the right Endo purchased IMS data. Q. Okay. And did you use the IMS data that Endo purchased when you were with Endo?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	THE WITNESS: I assume. BY MS. SCULLION: Q. Okay. Then it says, "In 2004, according to the IMS national prescription audit, approximately 17.9 million new prescriptions for this combination of oxycodone HCl and acetaminophen were written for the brand name Percocet." Did I read that correctly? A. Yes. Q. Okay. So what Endo is saying is that nearly 20 years into generic competition, doctors are still writing it as Percocet brand name in large part, right? MS. VANNI: Object to form. THE WITNESS: Yes. But doctors, for the record, write the brand name on the script, even if the generic exists.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. They can break it down into tablets and capsules if they had to. And that data became, you know, widely used by both the brand and the pharmaceutical industry to understand how their product was doing with respect to sales and demand. Q. Did you use IMS data when you were with Endo? A. IMS (sic) contracted to buy IMS data. You buy the pharmaceutical companies buy the data. Q. I'm sorry. I think you said IMS. You meant to say Endo contracted to buy A. Well, contracted is maybe not the right Endo purchased IMS data. Q. Okay. And did you use the IMS data that Endo purchased when you were with Endo? A. Endo had a yeah, Endo
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	THE WITNESS: I assume. BY MS. SCULLION: Q. Okay. Then it says, "In 2004, according to the IMS national prescription audit, approximately 17.9 million new prescriptions for this combination of oxycodone HCl and acetaminophen were written for the brand name Percocet." Did I read that correctly? A. Yes. Q. Okay. So what Endo is saying is that nearly 20 years into generic competition, doctors are still writing it as Percocet brand name in large part, right? MS. VANNI: Object to form. THE WITNESS: Yes. But doctors, for the record, write the brand name on the script, even if the generic exists. BY MS. SCULLION:	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. They can break it down into tablets and capsules if they had to. And that data became, you know, widely used by both the brand and the pharmaceutical industry to understand how their product was doing with respect to sales and demand. Q. Did you use IMS data when you were with Endo? A. IMS (sic) contracted to buy IMS data. You buy the pharmaceutical companies buy the data. Q. I'm sorry. I think you said IMS. You meant to say Endo contracted to buy A. Well, contracted is maybe not the right Endo purchased IMS data. Q. Okay. And did you use the IMS data that Endo purchased when you were with Endo? A. Endo had a yeah, Endo the forecasting group used the IMS data.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	THE WITNESS: I assume. BY MS. SCULLION: Q. Okay. Then it says, "In 2004, according to the IMS national prescription audit, approximately 17.9 million new prescriptions for this combination of oxycodone HCl and acetaminophen were written for the brand name Percocet." Did I read that correctly? A. Yes. Q. Okay. So what Endo is saying is that nearly 20 years into generic competition, doctors are still writing it as Percocet brand name in large part, right? MS. VANNI: Object to form. THE WITNESS: Yes. But doctors, for the record, write the brand name on the script, even if the generic exists.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. They can break it down into tablets and capsules if they had to. And that data became, you know, widely used by both the brand and the pharmaceutical industry to understand how their product was doing with respect to sales and demand. Q. Did you use IMS data when you were with Endo? A. IMS (sic) contracted to buy IMS data. You buy the pharmaceutical companies buy the data. Q. I'm sorry. I think you said IMS. You meant to say Endo contracted to buy A. Well, contracted is maybe not the right Endo purchased IMS data. Q. Okay. And did you use the IMS data that Endo purchased when you were with Endo? A. Endo had a yeah, Endo

	Page 170		Page 172
1	responsibilities?	1	saw any zip code data.
2	A. Probably did.	2	Q. But you don't know what the
3	Q. Okay. And as you said, the	3	brand side saw?
4 .	IMS data would could be broken down	4	A. I don't know the brand
5	into, as units as small as the actual	5	side as far as I knew mostly focused
6	tablets right?	6	the brand companies that I'm familiar
7	A. Tablets or capsules, yeah.	7	with focused on scripts. Okay. So
8	Q. So you could purchase data	8	and every company that I worked in that
9	that would tell you the number of tablets	9	had a brand, which were you know,
10	or capsules being sold in any given zip	10	whether it be BMS or Novartis or
11	code for example, right?	11	whomever, they focus on TRx's and new
12	MS. VANNI: Object to form.	12	Rx's. That was the
13	THE WITNESS: I don't know	13	Q. And that's prescription
14	about zip code. I never saw any	14	levels, right?
15	1	15	A. That's prescription level.
16	data going to zip code. BY MS. SCULLION:	16	* *
17		17	The generics focused on tablets and
18	Q. Okay. What's the geographic	18	capsules.
	region smallest geographic region you		Q. Got it. Let's go to the
19	recall that you looked at?	19	next page of Exhibit 7. And going down
20	A. United States of America.	20	to the last third of the page where it
21	Q. You looked at the entire	21	says "generic products."
22	A. Yeah.	22	Do you see that?
23	Q. Okay. That was for your	23	A. Yes.
24	generic business?	24	Q. Looking in the second
	raye 1/1		rage 1/3
- 1	A C : 1 !: 1		1 1 10
1	A. Generics don't care about	1	paragraph, it says, "Our generic
2	states, to be honest. There's no	2	portfolio is currently comprised of
2 3	states, to be honest. There's no reflection on the states.	2 3	portfolio is currently comprised of products that cover a range of
2 3 4	states, to be honest. There's no reflection on the states. Q. Okay.	2 3 4	portfolio is currently comprised of products that cover a range of indications, most of which are focused in
2 3 4 5	states, to be honest. There's no reflection on the states. Q. Okay. A. It's remember, we sell to	2 3 4 5	portfolio is currently comprised of products that cover a range of indications, most of which are focused in pain management."
2 3 4 5 6	states, to be honest. There's no reflection on the states. Q. Okay. A. It's remember, we sell to national accounts.	2 3 4 5 6	portfolio is currently comprised of products that cover a range of indications, most of which are focused in pain management." I think you described that
2 3 4 5 6 7	states, to be honest. There's no reflection on the states. Q. Okay. A. It's remember, we sell to national accounts. Q. Got it?	2 3 4 5 6 7	portfolio is currently comprised of products that cover a range of indications, most of which are focused in pain management." I think you described that earlier, that most of Endo's generics, at
2 3 4 5 6 7 8	states, to be honest. There's no reflection on the states. Q. Okay. A. It's remember, we sell to national accounts. Q. Got it? A. So they have their business	2 3 4 5 6 7 8	portfolio is currently comprised of products that cover a range of indications, most of which are focused in pain management." I think you described that earlier, that most of Endo's generics, at least as of 2004, were focused in pain
2 3 4 5 6 7 8 9	states, to be honest. There's no reflection on the states. Q. Okay. A. It's remember, we sell to national accounts. Q. Got it? A. So they have their business nationally. CVS, AmerisourceBergen,	2 3 4 5 6 7 8 9	portfolio is currently comprised of products that cover a range of indications, most of which are focused in pain management." I think you described that earlier, that most of Endo's generics, at least as of 2004, were focused in pain management, correct?
2 3 4 5 6 7 8 9	states, to be honest. There's no reflection on the states. Q. Okay. A. It's remember, we sell to national accounts. Q. Got it? A. So they have their business nationally. CVS, AmerisourceBergen, McKesson, Cardinal, they sell nationally.	2 3 4 5 6 7 8 9	portfolio is currently comprised of products that cover a range of indications, most of which are focused in pain management." I think you described that earlier, that most of Endo's generics, at least as of 2004, were focused in pain management, correct? A. Yes.
2 3 4 5 6 7 8 9 10	states, to be honest. There's no reflection on the states. Q. Okay. A. It's remember, we sell to national accounts. Q. Got it? A. So they have their business nationally. CVS, AmerisourceBergen, McKesson, Cardinal, they sell nationally. They don't sell just to Pennsylvania and	2 3 4 5 6 7 8 9 10 11	portfolio is currently comprised of products that cover a range of indications, most of which are focused in pain management." I think you described that earlier, that most of Endo's generics, at least as of 2004, were focused in pain management, correct? A. Yes. MS. VANNI: I'm sorry,
2 3 4 5 6 7 8 9 10 11	states, to be honest. There's no reflection on the states. Q. Okay. A. It's remember, we sell to national accounts. Q. Got it? A. So they have their business nationally. CVS, AmerisourceBergen, McKesson, Cardinal, they sell nationally. They don't sell just to Pennsylvania and New Jersey. The brand business focuses	2 3 4 5 6 7 8 9 10 11 12	portfolio is currently comprised of products that cover a range of indications, most of which are focused in pain management." I think you described that earlier, that most of Endo's generics, at least as of 2004, were focused in pain management, correct? A. Yes. MS. VANNI: I'm sorry, Counsel. Where are you?
2 3 4 5 6 7 8 9 10 11 12 13	states, to be honest. There's no reflection on the states. Q. Okay. A. It's remember, we sell to national accounts. Q. Got it? A. So they have their business nationally. CVS, AmerisourceBergen, McKesson, Cardinal, they sell nationally. They don't sell just to Pennsylvania and New Jersey. The brand business focuses on regions are divided that way. But	2 3 4 5 6 7 8 9 10 11 12 13	portfolio is currently comprised of products that cover a range of indications, most of which are focused in pain management." I think you described that earlier, that most of Endo's generics, at least as of 2004, were focused in pain management, correct? A. Yes. MS. VANNI: I'm sorry, Counsel. Where are you? MS. SCULLION: I'm sorry.
2 3 4 5 6 7 8 9 10 11 12 13 14	states, to be honest. There's no reflection on the states. Q. Okay. A. It's remember, we sell to national accounts. Q. Got it? A. So they have their business nationally. CVS, AmerisourceBergen, McKesson, Cardinal, they sell nationally. They don't sell just to Pennsylvania and New Jersey. The brand business focuses on regions are divided that way. But generics is not is the United States,	2 3 4 5 6 7 8 9 10 11 12 13 14	portfolio is currently comprised of products that cover a range of indications, most of which are focused in pain management." I think you described that earlier, that most of Endo's generics, at least as of 2004, were focused in pain management, correct? A. Yes. MS. VANNI: I'm sorry, Counsel. Where are you? MS. SCULLION: I'm sorry. So we're on page 11.
2 3 4 5 6 7 8 9 10 11 12 13 14 15	states, to be honest. There's no reflection on the states. Q. Okay. A. It's remember, we sell to national accounts. Q. Got it? A. So they have their business nationally. CVS, AmerisourceBergen, McKesson, Cardinal, they sell nationally. They don't sell just to Pennsylvania and New Jersey. The brand business focuses on regions are divided that way. But	2 3 4 5 6 7 8 9 10 11 12 13 14 15	portfolio is currently comprised of products that cover a range of indications, most of which are focused in pain management." I think you described that earlier, that most of Endo's generics, at least as of 2004, were focused in pain management, correct? A. Yes. MS. VANNI: I'm sorry, Counsel. Where are you? MS. SCULLION: I'm sorry.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	states, to be honest. There's no reflection on the states. Q. Okay. A. It's remember, we sell to national accounts. Q. Got it? A. So they have their business nationally. CVS, AmerisourceBergen, McKesson, Cardinal, they sell nationally. They don't sell just to Pennsylvania and New Jersey. The brand business focuses on regions are divided that way. But generics is not is the United States,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	portfolio is currently comprised of products that cover a range of indications, most of which are focused in pain management." I think you described that earlier, that most of Endo's generics, at least as of 2004, were focused in pain management, correct? A. Yes. MS. VANNI: I'm sorry, Counsel. Where are you? MS. SCULLION: I'm sorry. So we're on page 11.
2 3 4 5 6 7 8 9 10 11 12 13 14 15	states, to be honest. There's no reflection on the states. Q. Okay. A. It's remember, we sell to national accounts. Q. Got it? A. So they have their business nationally. CVS, AmerisourceBergen, McKesson, Cardinal, they sell nationally. They don't sell just to Pennsylvania and New Jersey. The brand business focuses on regions are divided that way. But generics is not is the United States, the whole United States.	2 3 4 5 6 7 8 9 10 11 12 13 14 15	portfolio is currently comprised of products that cover a range of indications, most of which are focused in pain management." I think you described that earlier, that most of Endo's generics, at least as of 2004, were focused in pain management, correct? A. Yes. MS. VANNI: I'm sorry, Counsel. Where are you? MS. SCULLION: I'm sorry. So we're on page 11. MS. VANNI: Okay. Thank
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	states, to be honest. There's no reflection on the states. Q. Okay. A. It's remember, we sell to national accounts. Q. Got it? A. So they have their business nationally. CVS, AmerisourceBergen, McKesson, Cardinal, they sell nationally. They don't sell just to Pennsylvania and New Jersey. The brand business focuses on regions are divided that way. But generics is not is the United States, the whole United States. Q. Got it.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	portfolio is currently comprised of products that cover a range of indications, most of which are focused in pain management." I think you described that earlier, that most of Endo's generics, at least as of 2004, were focused in pain management, correct? A. Yes. MS. VANNI: I'm sorry, Counsel. Where are you? MS. SCULLION: I'm sorry. So we're on page 11. MS. VANNI: Okay. Thank you.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	states, to be honest. There's no reflection on the states. Q. Okay. A. It's remember, we sell to national accounts. Q. Got it? A. So they have their business nationally. CVS, AmerisourceBergen, McKesson, Cardinal, they sell nationally. They don't sell just to Pennsylvania and New Jersey. The brand business focuses on regions are divided that way. But generics is not is the United States, the whole United States. Q. Got it. A. I never saw data by zip	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	portfolio is currently comprised of products that cover a range of indications, most of which are focused in pain management." I think you described that earlier, that most of Endo's generics, at least as of 2004, were focused in pain management, correct? A. Yes. MS. VANNI: I'm sorry, Counsel. Where are you? MS. SCULLION: I'm sorry. So we're on page 11. MS. VANNI: Okay. Thank you. MS. SCULLION: The top says
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	states, to be honest. There's no reflection on the states. Q. Okay. A. It's remember, we sell to national accounts. Q. Got it? A. So they have their business nationally. CVS, AmerisourceBergen, McKesson, Cardinal, they sell nationally. They don't sell just to Pennsylvania and New Jersey. The brand business focuses on regions are divided that way. But generics is not is the United States, the whole United States. Q. Got it. A. I never saw data by zip code.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	portfolio is currently comprised of products that cover a range of indications, most of which are focused in pain management." I think you described that earlier, that most of Endo's generics, at least as of 2004, were focused in pain management, correct? A. Yes. MS. VANNI: I'm sorry, Counsel. Where are you? MS. SCULLION: I'm sorry. So we're on page 11. MS. VANNI: Okay. Thank you. MS. SCULLION: The top says table of contents. MS. VANNI: Okay. Got it.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	states, to be honest. There's no reflection on the states. Q. Okay. A. It's remember, we sell to national accounts. Q. Got it? A. So they have their business nationally. CVS, AmerisourceBergen, McKesson, Cardinal, they sell nationally. They don't sell just to Pennsylvania and New Jersey. The brand business focuses on regions are divided that way. But generics is not is the United States, the whole United States. Q. Got it. A. I never saw data by zip code. Q. Okay.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	portfolio is currently comprised of products that cover a range of indications, most of which are focused in pain management." I think you described that earlier, that most of Endo's generics, at least as of 2004, were focused in pain management, correct? A. Yes. MS. VANNI: I'm sorry, Counsel. Where are you? MS. SCULLION: I'm sorry. So we're on page 11. MS. VANNI: Okay. Thank you. MS. SCULLION: The top says table of contents. MS. VANNI: Okay. Got it. MS. SCULLION: And then you
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	states, to be honest. There's no reflection on the states. Q. Okay. A. It's remember, we sell to national accounts. Q. Got it? A. So they have their business nationally. CVS, AmerisourceBergen, McKesson, Cardinal, they sell nationally. They don't sell just to Pennsylvania and New Jersey. The brand business focuses on regions are divided that way. But generics is not is the United States, the whole United States. Q. Got it. A. I never saw data by zip code. Q. Okay. A. And I don't even know that Endo had it that small.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	portfolio is currently comprised of products that cover a range of indications, most of which are focused in pain management." I think you described that earlier, that most of Endo's generics, at least as of 2004, were focused in pain management, correct? A. Yes. MS. VANNI: I'm sorry, Counsel. Where are you? MS. SCULLION: I'm sorry. So we're on page 11. MS. VANNI: Okay. Thank you. MS. SCULLION: The top says table of contents. MS. VANNI: Okay. Got it. MS. SCULLION: And then you see where it says "generic
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	states, to be honest. There's no reflection on the states. Q. Okay. A. It's remember, we sell to national accounts. Q. Got it? A. So they have their business nationally. CVS, AmerisourceBergen, McKesson, Cardinal, they sell nationally. They don't sell just to Pennsylvania and New Jersey. The brand business focuses on regions are divided that way. But generics is not is the United States, the whole United States. Q. Got it. A. I never saw data by zip code. Q. Okay. A. And I don't even know that	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	portfolio is currently comprised of products that cover a range of indications, most of which are focused in pain management." I think you described that earlier, that most of Endo's generics, at least as of 2004, were focused in pain management, correct? A. Yes. MS. VANNI: I'm sorry, Counsel. Where are you? MS. SCULLION: I'm sorry. So we're on page 11. MS. VANNI: Okay. Thank you. MS. SCULLION: The top says table of contents. MS. VANNI: Okay. Got it. MS. SCULLION: And then you
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	states, to be honest. There's no reflection on the states. Q. Okay. A. It's remember, we sell to national accounts. Q. Got it? A. So they have their business nationally. CVS, AmerisourceBergen, McKesson, Cardinal, they sell nationally. They don't sell just to Pennsylvania and New Jersey. The brand business focuses on regions are divided that way. But generics is not is the United States, the whole United States. Q. Got it. A. I never saw data by zip code. Q. Okay. A. And I don't even know that Endo had it that small. Q. You just don't know one way	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	portfolio is currently comprised of products that cover a range of indications, most of which are focused in pain management." I think you described that earlier, that most of Endo's generics, at least as of 2004, were focused in pain management, correct? A. Yes. MS. VANNI: I'm sorry, Counsel. Where are you? MS. SCULLION: I'm sorry. So we're on page 11. MS. VANNI: Okay. Thank you. MS. SCULLION: The top says table of contents. MS. VANNI: Okay. Got it. MS. SCULLION: And then you see where it says "generic products"?

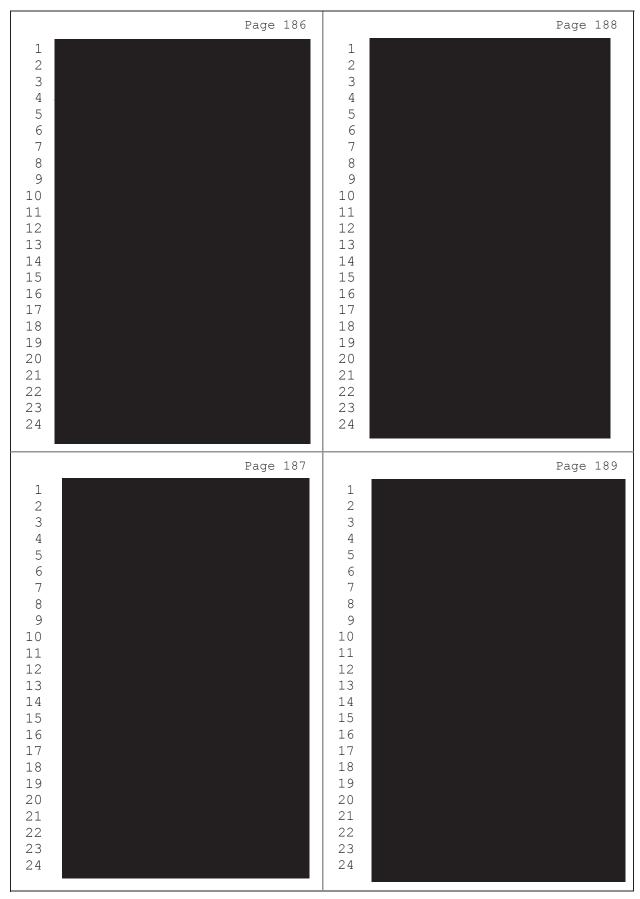
Page 174 Page 176 1 we are. Okay. So we're in the 1 A. Yes. 2 2 second paragraph. O. Okav. 3 BY MS. SCULLION: 3 A. Are we done with the 10-K? 4 4 Q. For now, but do hold onto Q. The next sentence goes on to 5 5 it, because I think we're going to come say, "One of our generic products is 6 morphine sulfate extended-release 6 back to it for other questions later. 7 tablets, which accounted for 10 percent 7 (Document marked for 8 of our total net sales in 2004." 8 identification as Exhibit 9 9 Did I read that correctly? Endo-Stevenson-8.) 10 A. Yes. 10 BY MS. SCULLION: 11 Q. So that was a significant 11 Q. Okay. Mr. Stevenson, I'm going to hand you what's been marked as 12 product, it was 10 percent of total net 12 13 13 Exhibit Number 8. sales, right? 14 MS. VANNI: Object to form. 14 A. Okay. Q. And Exhibit Number 8, again THE WITNESS: If they put it 15 15 in the 10-K, again, I don't know 16 is -- we have the metadata page as the 16 17 17 if I was here at the time or not. first page. And again you can see in 18 I guess I was. It was 2004. 18 that top box under document 19 Yeah, it was -- it was -- I 19 identification, the last line custodian, 20 that it says your name? 20 guess you could call it 21 A. Yeah, yes. 21 significant. 22 BY MS. SCULLION: 22 Q. Just so I can orient you 23 23 where this is coming from. Q. Okay. And then it says, "In The Bates number for the 24 24 addition, we have a generic oxycodone Page 175 Page 177 1 record is ENDO-OPIOID MDL-04137944. 1 hydrochloride and acetaminophen product, 2 Endocet, which accounted for 19 percent 2 If you go to the first page 3 of our total net sales in 2004." 3 of -- of the PowerPoint. Do you see it's entitled Endo Pharmaceuticals Company 4 Do you see that? 4 5 5 Overview? And it's in April of 2004. Do A. Yes. 6 6 you see that? Q. And again, that would be a 7 7 significant -- that was a significant A. Yes. product then, 19 percent of net sales, 8 8 Q. Okay. Going to Page 2 of 9 the PowerPoint, it lists management and 9 right? MS. VANNI: Object to form. 10 senior staff. 10 THE WITNESS: I guess I'm 11 11 A. Yes. struggling with what "significant" 12 Q. And at the bottom under 12 13 13 means. It all depends on how you commercial senior management, you see define "significant." 14 yourself listed there, second from the 14 BY MS. SCULLION: 15 15 bottom on the left? 16 Q. Okay. Then we'll just stick 16 A. Yes. 17 17 with the numbers. It was almost --Endocet was almost 20 percent of total 18 18 19 net sales for Endo in 2004, right? 19 A. Yes. 20 20 21 Q. All right. So combined, 21 these two generic opioids were almost a 22 22 2.3 third, it's 29 percent of net sales, 23 24 24 right?



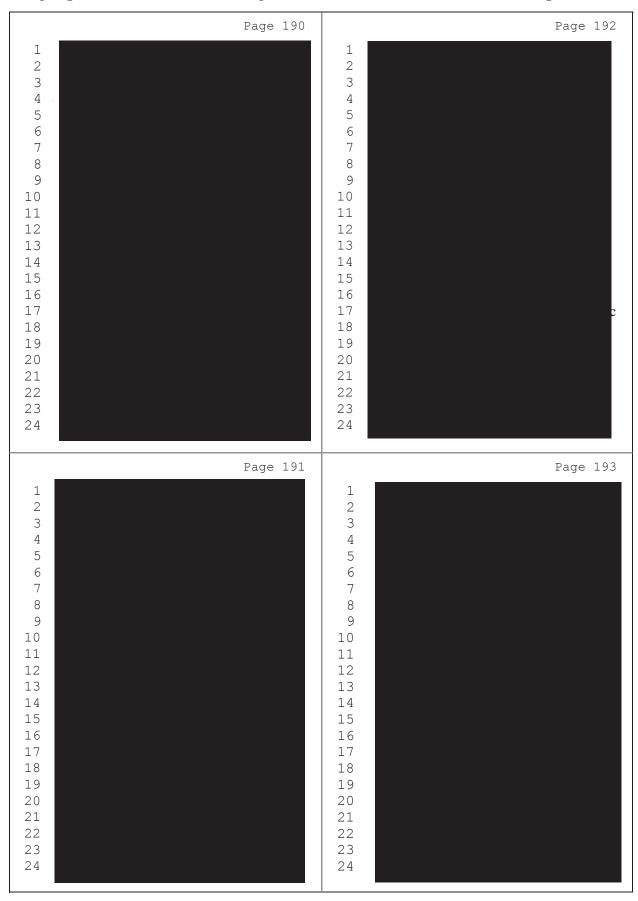
46 (Pages 178 to 181)



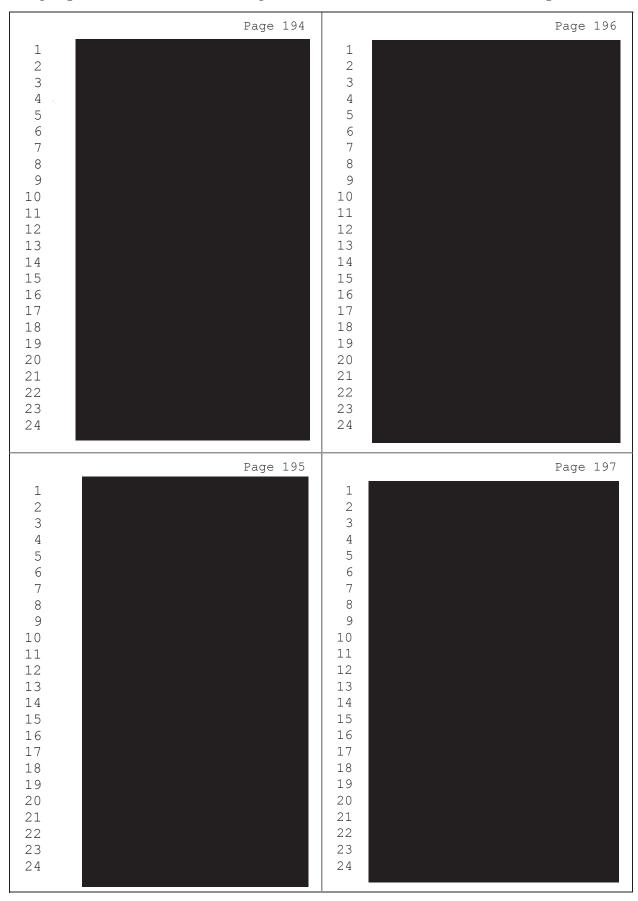
47 (Pages 182 to 185)



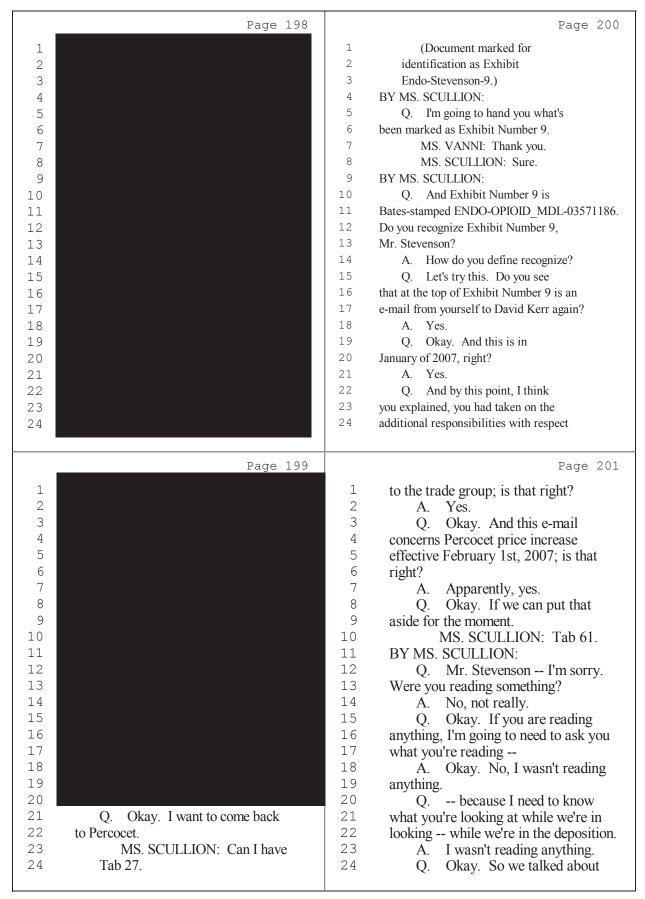
48 (Pages 186 to 189)

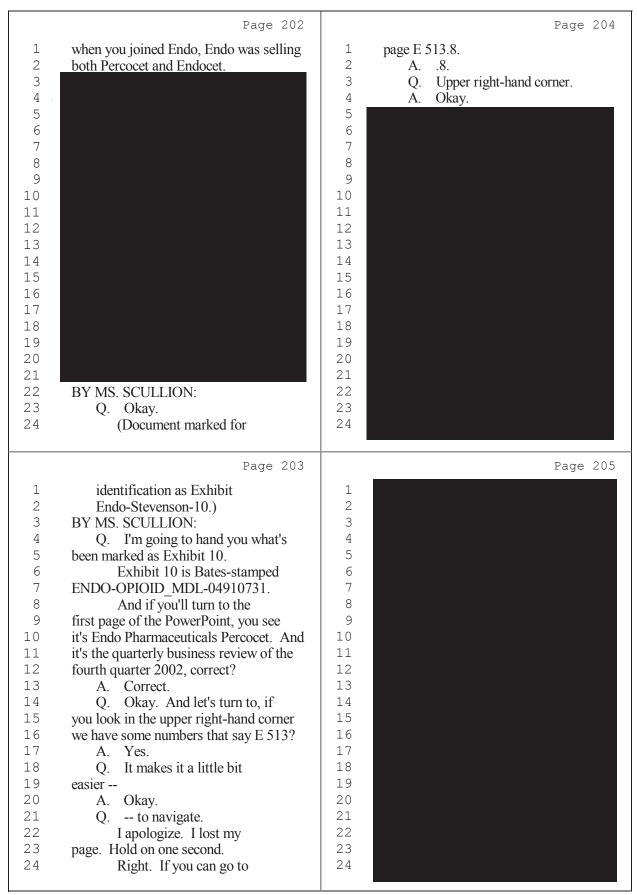


49 (Pages 190 to 193)

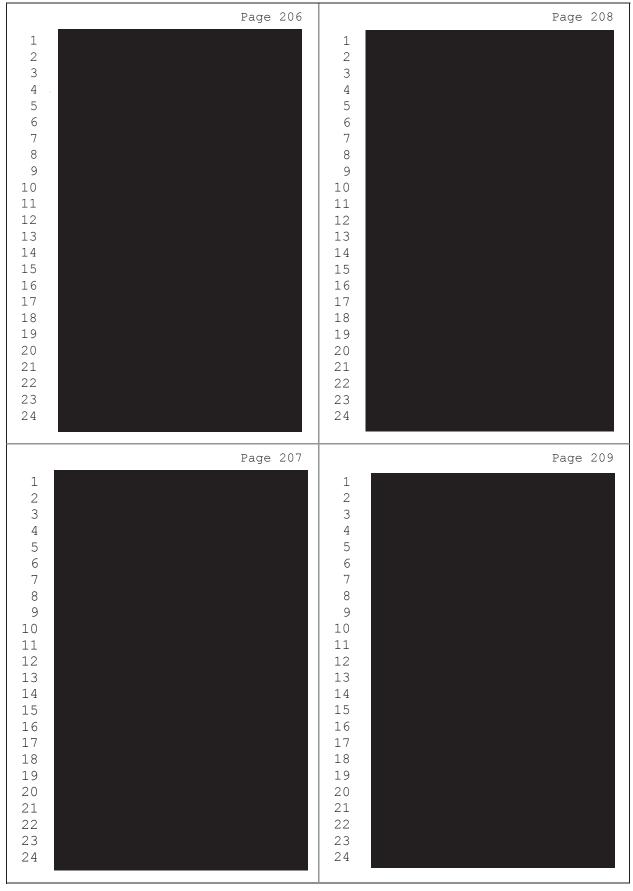


50 (Pages 194 to 197)

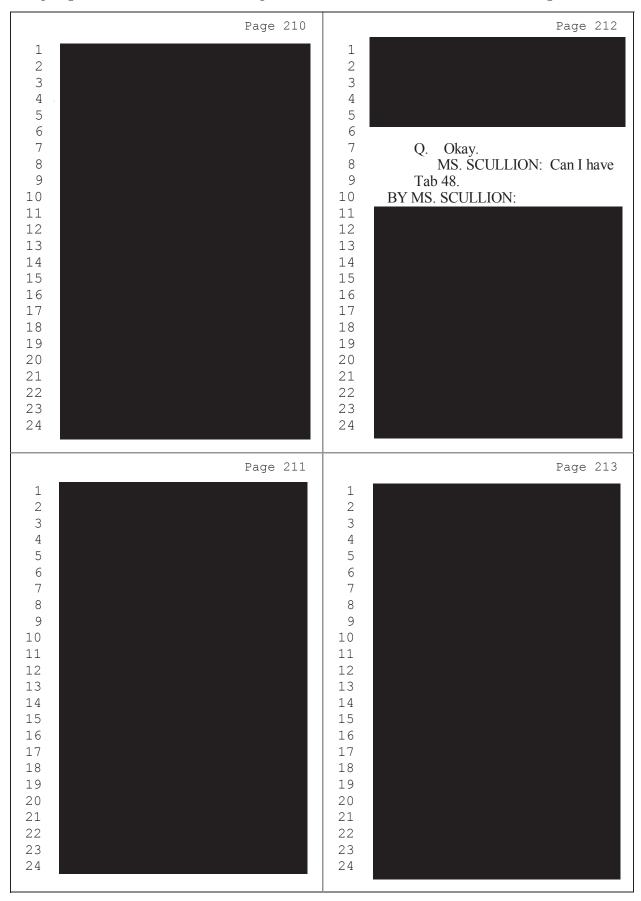




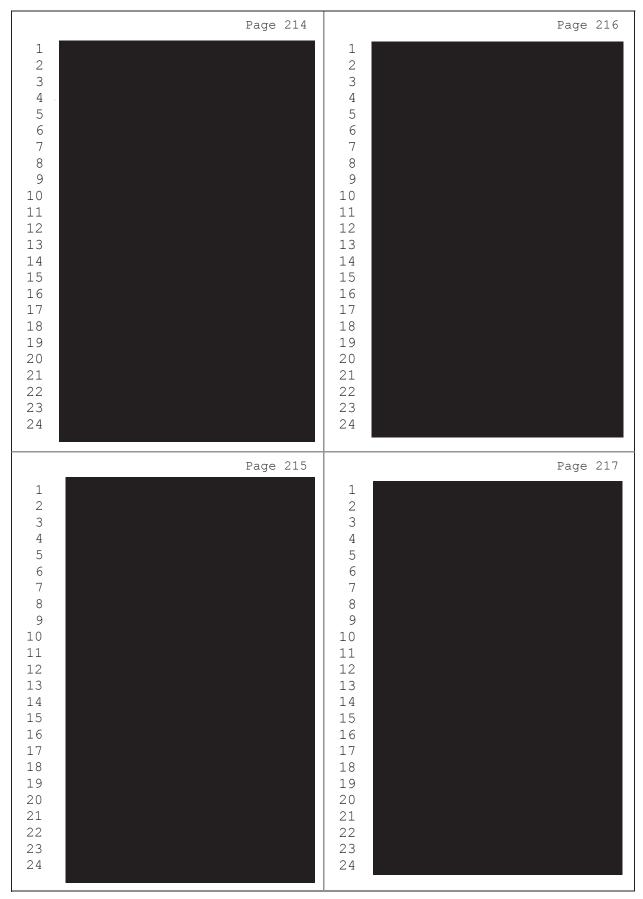
Highly Confidential - Subject to Further Confidentiality Review



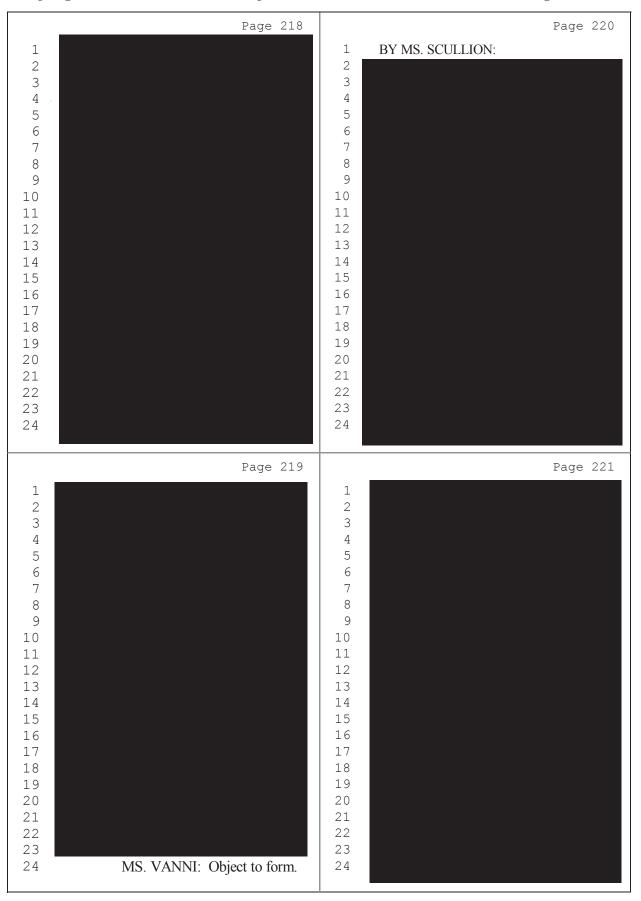
53 (Pages 206 to 209)



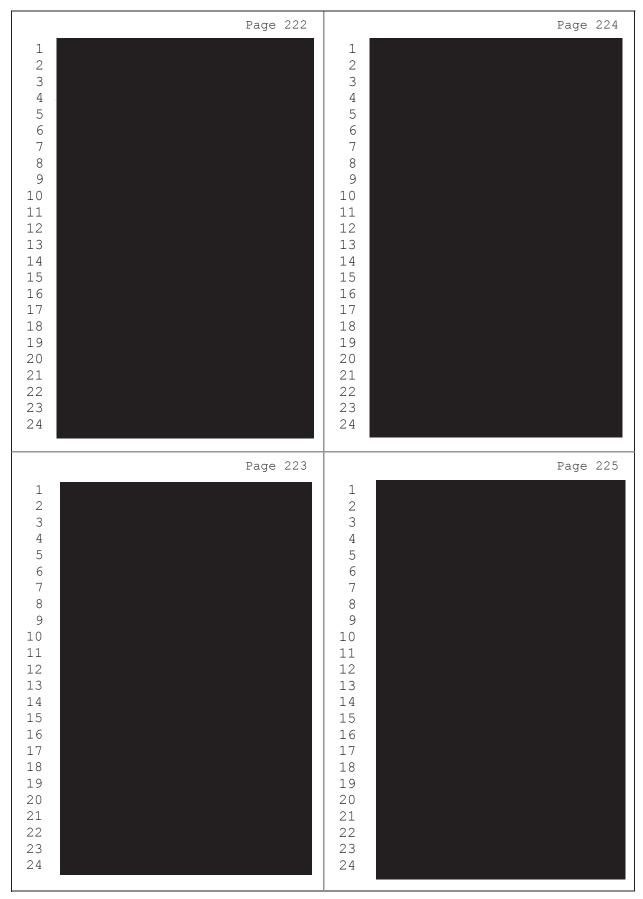
54 (Pages 210 to 213)



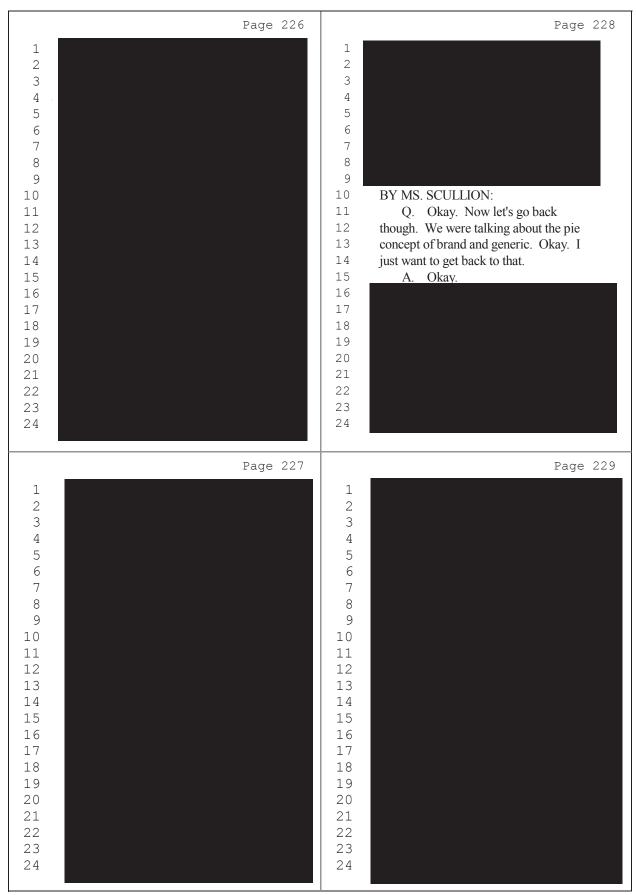
55 (Pages 214 to 217)



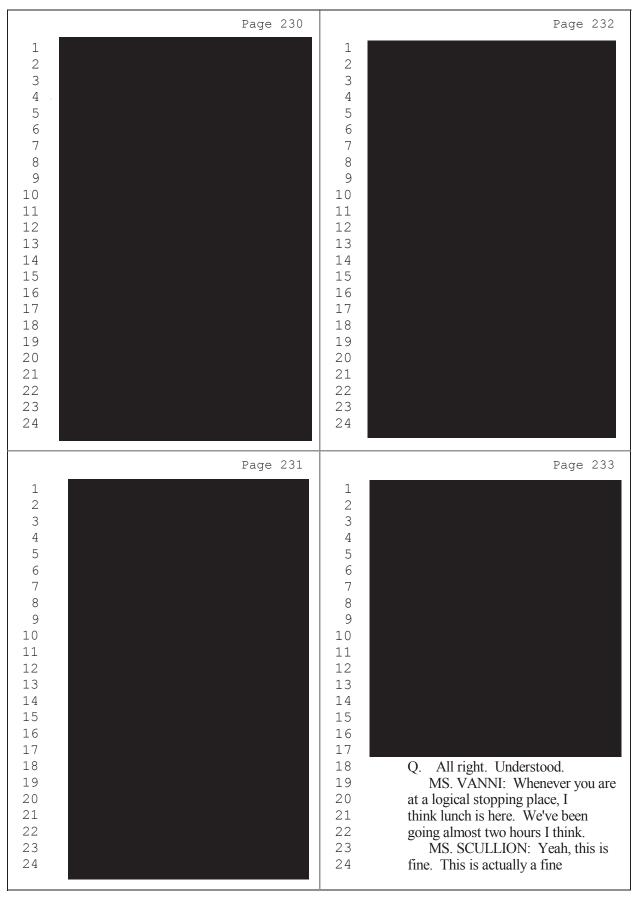
56 (Pages 218 to 221)



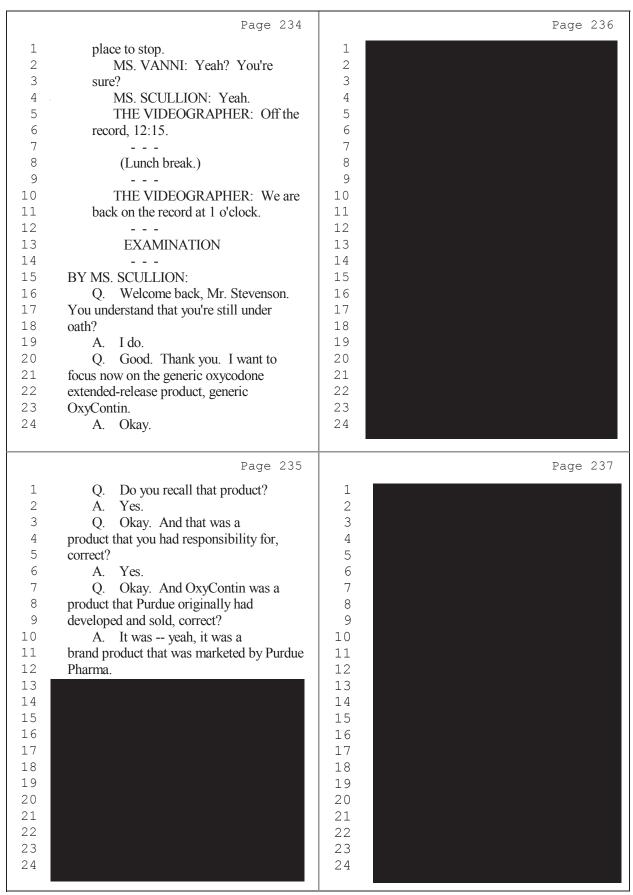
57 (Pages 222 to 225)



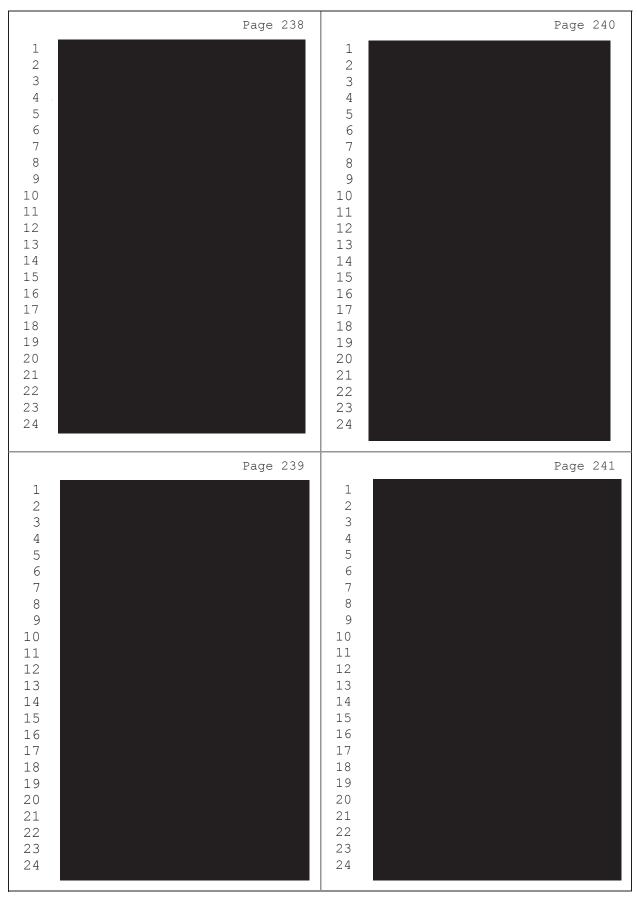
58 (Pages 226 to 229)



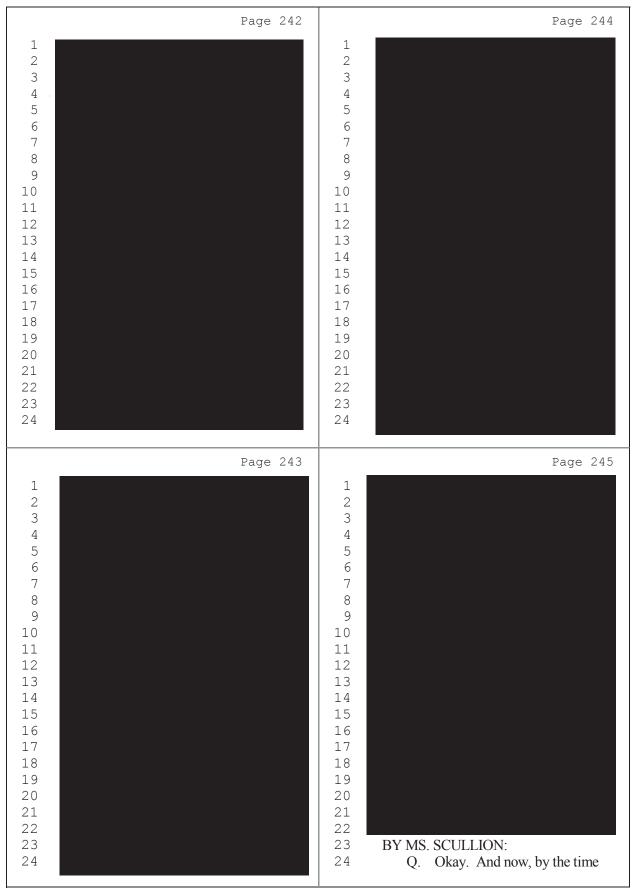
59 (Pages 230 to 233)



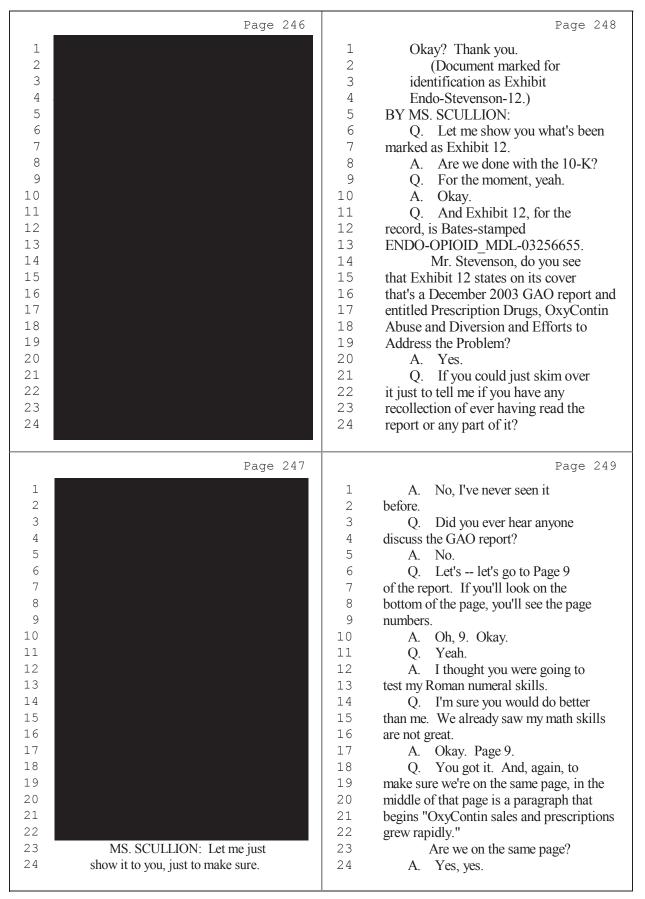
60 (Pages 234 to 237)



61 (Pages 238 to 241)

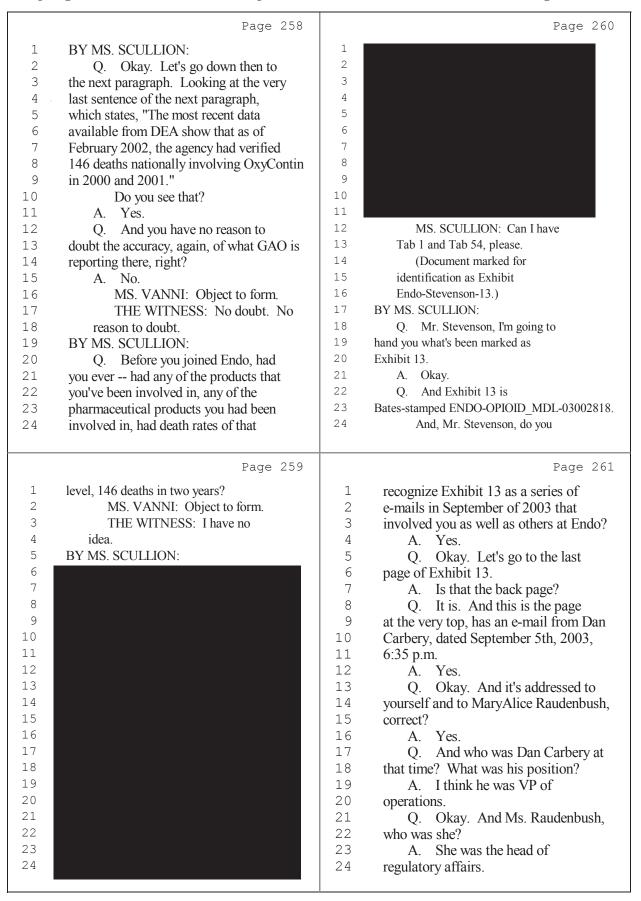


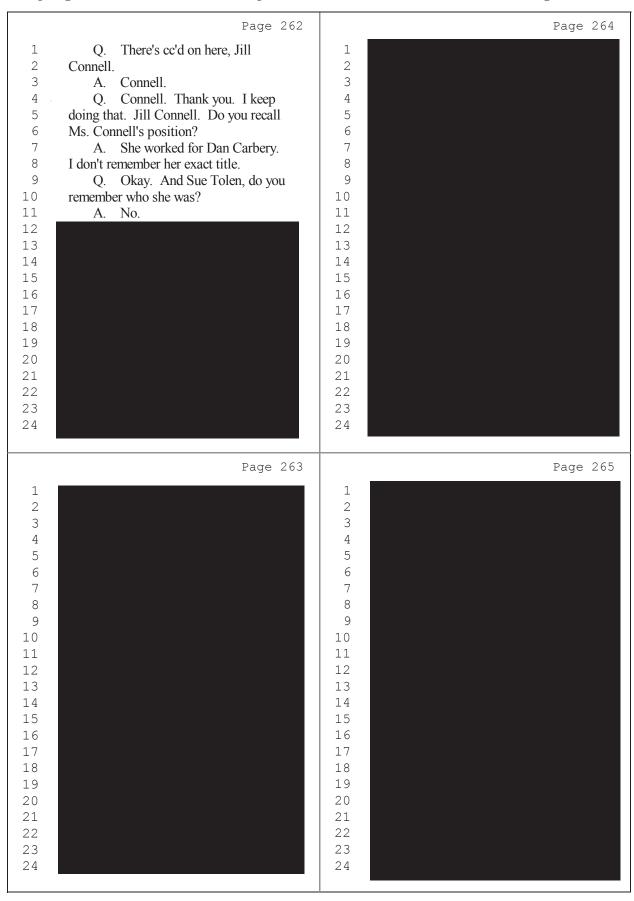
62 (Pages 242 to 245)



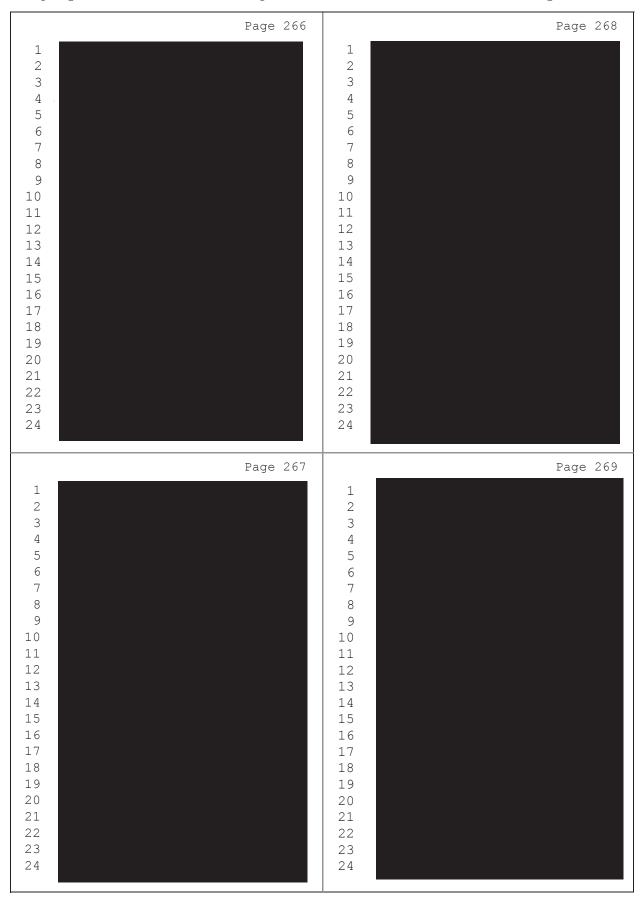
Page 250 Page 252 1 Q. Okay. So the sentence there 1 you recall in terms of what you were 2 says, "OxyContin sales and prescriptions 2 referring to as media reports of abuse of 3 grew rapidly following its market 3 the use of OxyContin? 4 introduction in 1996." 4 A. I don't remember the year. 5 5 And a little further down in But, you know, I just remember media 6 6 the paragraph states, "In both 2001 and reports. When it occurred, I don't know 7 2002, oxy sales exceeded \$1 billion and 7 when I first picked up on it. 8 prescriptions were over 7 million." 8 Q. Okay. And it goes onto explain that, "These media" -- "These 9 9 Do you see that? 10 10 A. I see that's what it says, reports first appeared in rural areas of 11 11 some states, generally in the Appalachian yes. 12 12 region." Do you see that? 13 13 A. Yes. 14 14 Q. Do you recall that 15 15 Appalachia in particular had a lot of 16 reports of OxyContin abuse -- abuse and 16 17 17 diversion? 18 18 MS. VANNI: Object to form. THE WITNESS: No, I don't 19 19 20 20 recall that 21 21 BY MS. SCULLION: 22 22 Q. Okay. And then it says in the next sentence, "Rural communities in 23 23 24 Maine, Kentucky, Ohio, Pennsylvania, 24 Page 251 Page 253 Virginia, and West Virginia were 1 1 2 2 reportedly being devastated by the abuse 3 3 and diversion of OxyContin." 4 4 Do you see that? 5 5 A. Yes. 6 6 Q. In the early 2000s, were you 7 7 living in Pennsylvania? 8 8 A. Yes. 9 9 Q. Do you recall there being 10 10 reports about rural communities within 11 11 Pennsylvania being devastated by the 12 12 abuse and diversion of OxyContin? 13 13 A. Not -- not really. I mean. 14 14 I -- as I testified, I just recall, you 15 15 know, general media -- media accounts. 16 16 Where -- I don't -- I can't recall any 17 17 specific location. 18 18 Q. Okay. But you have no 19 19 Q. The next paragraph refers reason to doubt that, again, the accuracy 20 of what the GAO is reporting in terms of 20 to, I think, something that you were also 21 rural communities in these states, 21 discussing, which is media reports of 22 22 OxyContin abuse and diversion began to including Ohio, Pennsylvania, West 2.3 23 Virginia, reportedly being devastated? surface in 2000. 24 24 Is that consistent with what MS. VANNI: Object to form,

	Page 254		Page 256
1	foundation.	1	to right here.
2	THE WITNESS: I have no	2	THE WITNESS: Yeah, I know.
3	no reason to doubt that's what's	3	I see that. But the last
4 .	being written there.	4	question, I'm trying to find where
5	BY MS. SCULLION:	5	it's
6	Q. Okay. And if we go onto the	6	BY MS. SCULLION:
7	next page, 10, the paragraph continues.	7	Q. Sure. So as long as we are
8	And just going down, third line from the	8	on the same page, let me start again.
9	top. The sentence that begins, or	9	So the GAO is reporting
10	states, "Pain patients, teens, and	10	that, in addition to recreational drug
11	recreational drug users who had abused	11	users, there also were pain patients who
12	OxyContin reportedly entered drug	12	were reportedly entering drug treatment
13	treatment centers sweating and vomiting	13	centers sweating and vomiting from
14	with withdrawal."	14	withdrawal?
15	Did I read that correctly?	15	A. Oh, and recreation "who
16	A. Yes.	16	had abused OxyContin reportedly entered
17	Q. And so this is talking about	17	drug treatment centers sweating and
18	not only recreational drug users those	18	vomiting from withdrawal."
19	would be people using it for nonmedical	19	Yes, that's what it says.
20	purposes, right? A recreational drug	20	Q. Okay.
21	user is a person using it for nonmedical	21	A. I'm not sure. Did I answer
22	purposes, right?	22	your question?
23	A. Are you asking me to testify	23	Q. Yes. That's what it says.
24	that's written here? I'm sorry.	24	That's what GAO is reporting. And pain
2 1	that's written here: Thi sorry.	2 1	That's what G/10 is reporting. This pain
	Page 255		Page 257
_			
1	Q. No, I'm asking I'm just	1	patients, those would be people under
	Q. No, I'm asking I'm just asking just your understanding of the		patients, those would be people under medical supervision, right? They're a
1 2 3	asking just your understanding of the	1 2 3	medical supervision, right? They're a
2	asking just your understanding of the phrase "recreational drug users." That	2	medical supervision, right? They're a patient?
2	asking just your understanding of the phrase "recreational drug users." That would refer to nonmedical users, right?	2 3 4	medical supervision, right? They're a patient? MS. VANNI: Object to form.
2 3 4	asking just your understanding of the phrase "recreational drug users." That would refer to nonmedical users, right? A. I guess. I assume. I guess	2 3	medical supervision, right? They're a patient? MS. VANNI: Object to form. THE WITNESS: Pain patients
2 3 4 5	asking just your understanding of the phrase "recreational drug users." That would refer to nonmedical users, right? A. I guess. I assume. I guess you can interpret it that way.	2 3 4 5	medical supervision, right? They're a patient? MS. VANNI: Object to form.
2 3 4 5 6	asking just your understanding of the phrase "recreational drug users." That would refer to nonmedical users, right? A. I guess. I assume. I guess you can interpret it that way. Q. Okay. And the GAO explains	2 3 4 5 6	medical supervision, right? They're a patient? MS. VANNI: Object to form. THE WITNESS: Pain patients would be somebody under a
2 3 4 5 6 7	asking just your understanding of the phrase "recreational drug users." That would refer to nonmedical users, right? A. I guess. I assume. I guess you can interpret it that way.	2 3 4 5 6 7	medical supervision, right? They're a patient? MS. VANNI: Object to form. THE WITNESS: Pain patients would be somebody under a physician's care, yes.
2 3 4 5 6 7 8	asking just your understanding of the phrase "recreational drug users." That would refer to nonmedical users, right? A. I guess. I assume. I guess you can interpret it that way. Q. Okay. And the GAO explains that, in addition to recreational drug	2 3 4 5 6 7 8	medical supervision, right? They're a patient? MS. VANNI: Object to form. THE WITNESS: Pain patients would be somebody under a physician's care, yes. BY MS. SCULLION:
2 3 4 5 6 7 8 9	asking just your understanding of the phrase "recreational drug users." That would refer to nonmedical users, right? A. I guess. I assume. I guess you can interpret it that way. Q. Okay. And the GAO explains that, in addition to recreational drug users, there also were pain patients who	2 3 4 5 6 7 8 9	medical supervision, right? They're a patient? MS. VANNI: Object to form. THE WITNESS: Pain patients would be somebody under a physician's care, yes. BY MS. SCULLION: Q. And next sentence discusses
2 3 4 5 6 7 8 9	asking just your understanding of the phrase "recreational drug users." That would refer to nonmedical users, right? A. I guess. I assume. I guess you can interpret it that way. Q. Okay. And the GAO explains that, in addition to recreational drug users, there also were pain patients who were reportedly entering drug treatment	2 3 4 5 6 7 8 9	medical supervision, right? They're a patient? MS. VANNI: Object to form. THE WITNESS: Pain patients would be somebody under a physician's care, yes. BY MS. SCULLION: Q. And next sentence discusses reports concerning West Virginia. The next sentence says, "The
2 3 4 5 6 7 8 9 10	asking just your understanding of the phrase "recreational drug users." That would refer to nonmedical users, right? A. I guess. I assume. I guess you can interpret it that way. Q. Okay. And the GAO explains that, in addition to recreational drug users, there also were pain patients who were reportedly entering drug treatment centers, correct? That's what the GAO is	2 3 4 5 6 7 8 9 10	medical supervision, right? They're a patient? MS. VANNI: Object to form. THE WITNESS: Pain patients would be somebody under a physician's care, yes. BY MS. SCULLION: Q. And next sentence discusses reports concerning West Virginia. The next sentence says, "The media also reported on deaths due to
2 3 4 5 6 7 8 9 10 11	asking just your understanding of the phrase "recreational drug users." That would refer to nonmedical users, right? A. I guess. I assume. I guess you can interpret it that way. Q. Okay. And the GAO explains that, in addition to recreational drug users, there also were pain patients who were reportedly entering drug treatment centers, correct? That's what the GAO is reporting?	2 3 4 5 6 7 8 9 10 11 12	medical supervision, right? They're a patient? MS. VANNI: Object to form. THE WITNESS: Pain patients would be somebody under a physician's care, yes. BY MS. SCULLION: Q. And next sentence discusses reports concerning West Virginia. The next sentence says, "The
2 3 4 5 6 7 8 9 10 11 12 13	asking just your understanding of the phrase "recreational drug users." That would refer to nonmedical users, right? A. I guess. I assume. I guess you can interpret it that way. Q. Okay. And the GAO explains that, in addition to recreational drug users, there also were pain patients who were reportedly entering drug treatment centers, correct? That's what the GAO is reporting? MS. VANNI: Object to form.	2 3 4 5 6 7 8 9 10 11 12 13	medical supervision, right? They're a patient? MS. VANNI: Object to form. THE WITNESS: Pain patients would be somebody under a physician's care, yes. BY MS. SCULLION: Q. And next sentence discusses reports concerning West Virginia. The next sentence says, "The media also reported on deaths due to OxyContin."
2 3 4 5 6 7 8 9 10 11 12 13 14	asking just your understanding of the phrase "recreational drug users." That would refer to nonmedical users, right? A. I guess. I assume. I guess you can interpret it that way. Q. Okay. And the GAO explains that, in addition to recreational drug users, there also were pain patients who were reportedly entering drug treatment centers, correct? That's what the GAO is reporting? MS. VANNI: Object to form. THE WITNESS: Where is that	2 3 4 5 6 7 8 9 10 11 12 13 14	medical supervision, right? They're a patient? MS. VANNI: Object to form. THE WITNESS: Pain patients would be somebody under a physician's care, yes. BY MS. SCULLION: Q. And next sentence discusses reports concerning West Virginia. The next sentence says, "The media also reported on deaths due to OxyContin." Do you see that? A. Yes.
2 3 4 5 6 7 8 9 10 11 12 13 14 15	asking just your understanding of the phrase "recreational drug users." That would refer to nonmedical users, right? A. I guess. I assume. I guess you can interpret it that way. Q. Okay. And the GAO explains that, in addition to recreational drug users, there also were pain patients who were reportedly entering drug treatment centers, correct? That's what the GAO is reporting? MS. VANNI: Object to form. THE WITNESS: Where is that located? BY MS. SCULLION:	2 3 4 5 6 7 8 9 10 11 12 13 14 15	medical supervision, right? They're a patient? MS. VANNI: Object to form. THE WITNESS: Pain patients would be somebody under a physician's care, yes. BY MS. SCULLION: Q. And next sentence discusses reports concerning West Virginia. The next sentence says, "The media also reported on deaths due to OxyContin." Do you see that? A. Yes. Q. And that was also true,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	asking just your understanding of the phrase "recreational drug users." That would refer to nonmedical users, right? A. I guess. I assume. I guess you can interpret it that way. Q. Okay. And the GAO explains that, in addition to recreational drug users, there also were pain patients who were reportedly entering drug treatment centers, correct? That's what the GAO is reporting? MS. VANNI: Object to form. THE WITNESS: Where is that located? BY MS. SCULLION: Q. The sentence says pain	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	medical supervision, right? They're a patient? MS. VANNI: Object to form. THE WITNESS: Pain patients would be somebody under a physician's care, yes. BY MS. SCULLION: Q. And next sentence discusses reports concerning West Virginia. The next sentence says, "The media also reported on deaths due to OxyContin." Do you see that? A. Yes. Q. And that was also true, right, that their media was report that
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	asking just your understanding of the phrase "recreational drug users." That would refer to nonmedical users, right? A. I guess. I assume. I guess you can interpret it that way. Q. Okay. And the GAO explains that, in addition to recreational drug users, there also were pain patients who were reportedly entering drug treatment centers, correct? That's what the GAO is reporting? MS. VANNI: Object to form. THE WITNESS: Where is that located? BY MS. SCULLION: Q. The sentence says pain patients.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	medical supervision, right? They're a patient? MS. VANNI: Object to form. THE WITNESS: Pain patients would be somebody under a physician's care, yes. BY MS. SCULLION: Q. And next sentence discusses reports concerning West Virginia. The next sentence says, "The media also reported on deaths due to OxyContin." Do you see that? A. Yes. Q. And that was also true, right, that their media was report that go there were deaths from OxyContin?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	asking just your understanding of the phrase "recreational drug users." That would refer to nonmedical users, right? A. I guess. I assume. I guess you can interpret it that way. Q. Okay. And the GAO explains that, in addition to recreational drug users, there also were pain patients who were reportedly entering drug treatment centers, correct? That's what the GAO is reporting? MS. VANNI: Object to form. THE WITNESS: Where is that located? BY MS. SCULLION: Q. The sentence says pain patients. A. Pain patients.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	medical supervision, right? They're a patient? MS. VANNI: Object to form. THE WITNESS: Pain patients would be somebody under a physician's care, yes. BY MS. SCULLION: Q. And next sentence discusses reports concerning West Virginia. The next sentence says, "The media also reported on deaths due to OxyContin." Do you see that? A. Yes. Q. And that was also true, right, that their media was report that
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	asking just your understanding of the phrase "recreational drug users." That would refer to nonmedical users, right? A. I guess. I assume. I guess you can interpret it that way. Q. Okay. And the GAO explains that, in addition to recreational drug users, there also were pain patients who were reportedly entering drug treatment centers, correct? That's what the GAO is reporting? MS. VANNI: Object to form. THE WITNESS: Where is that located? BY MS. SCULLION: Q. The sentence says pain patients. A. Pain patients. Q. "Pain patients, teens, and	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	medical supervision, right? They're a patient? MS. VANNI: Object to form. THE WITNESS: Pain patients would be somebody under a physician's care, yes. BY MS. SCULLION: Q. And next sentence discusses reports concerning West Virginia. The next sentence says, "The media also reported on deaths due to OxyContin." Do you see that? A. Yes. Q. And that was also true, right, that their media was report that go there were deaths from OxyContin? MS. VANNI: Objection. THE WITNESS: I don't
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	asking just your understanding of the phrase "recreational drug users." That would refer to nonmedical users, right? A. I guess. I assume. I guess you can interpret it that way. Q. Okay. And the GAO explains that, in addition to recreational drug users, there also were pain patients who were reportedly entering drug treatment centers, correct? That's what the GAO is reporting? MS. VANNI: Object to form. THE WITNESS: Where is that located? BY MS. SCULLION: Q. The sentence says pain patients. A. Pain patients. Q. "Pain patients, teens, and recreational drug users."	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	medical supervision, right? They're a patient? MS. VANNI: Object to form. THE WITNESS: Pain patients would be somebody under a physician's care, yes. BY MS. SCULLION: Q. And next sentence discusses reports concerning West Virginia. The next sentence says, "The media also reported on deaths due to OxyContin." Do you see that? A. Yes. Q. And that was also true, right, that their media was report that go there were deaths from OxyContin? MS. VANNI: Objection. THE WITNESS: I don't again, I wasn't following it that
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	asking just your understanding of the phrase "recreational drug users." That would refer to nonmedical users, right? A. I guess. I assume. I guess you can interpret it that way. Q. Okay. And the GAO explains that, in addition to recreational drug users, there also were pain patients who were reportedly entering drug treatment centers, correct? That's what the GAO is reporting? MS. VANNI: Object to form. THE WITNESS: Where is that located? BY MS. SCULLION: Q. The sentence says pain patients. A. Pain patients. Q. "Pain patients, teens, and recreational drug users." A. Okay.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	medical supervision, right? They're a patient? MS. VANNI: Object to form. THE WITNESS: Pain patients would be somebody under a physician's care, yes. BY MS. SCULLION: Q. And next sentence discusses reports concerning West Virginia. The next sentence says, "The media also reported on deaths due to OxyContin." Do you see that? A. Yes. Q. And that was also true, right, that their media was report that go there were deaths from OxyContin? MS. VANNI: Objection. THE WITNESS: I don't again, I wasn't following it that closely. You know, there was
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	asking just your understanding of the phrase "recreational drug users." That would refer to nonmedical users, right? A. I guess. I assume. I guess you can interpret it that way. Q. Okay. And the GAO explains that, in addition to recreational drug users, there also were pain patients who were reportedly entering drug treatment centers, correct? That's what the GAO is reporting? MS. VANNI: Object to form. THE WITNESS: Where is that located? BY MS. SCULLION: Q. The sentence says pain patients. A. Pain patients. Q. "Pain patients, teens, and recreational drug users."	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	medical supervision, right? They're a patient? MS. VANNI: Object to form. THE WITNESS: Pain patients would be somebody under a physician's care, yes. BY MS. SCULLION: Q. And next sentence discusses reports concerning West Virginia. The next sentence says, "The media also reported on deaths due to OxyContin." Do you see that? A. Yes. Q. And that was also true, right, that their media was report that go there were deaths from OxyContin? MS. VANNI: Objection. THE WITNESS: I don't again, I wasn't following it that

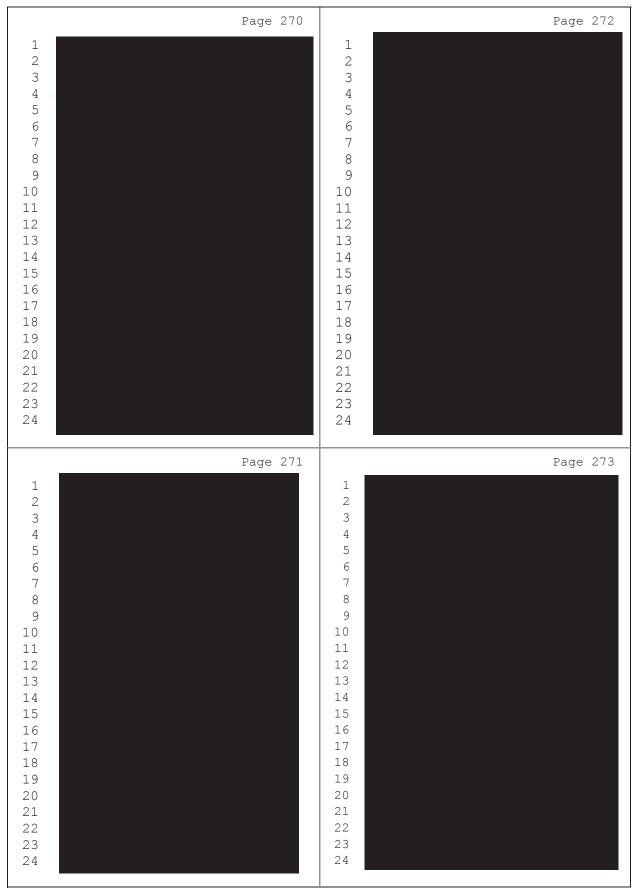




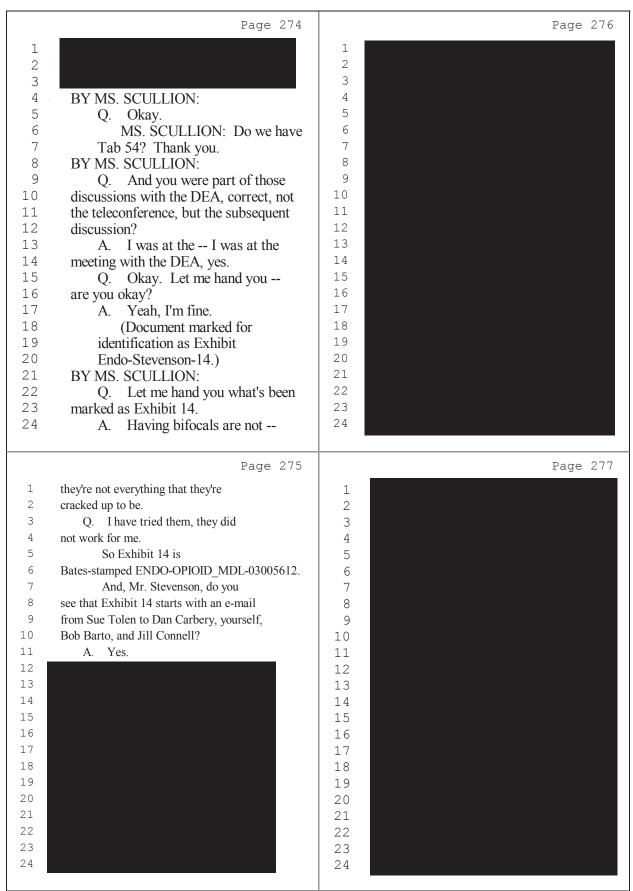
67 (Pages 262 to 265)



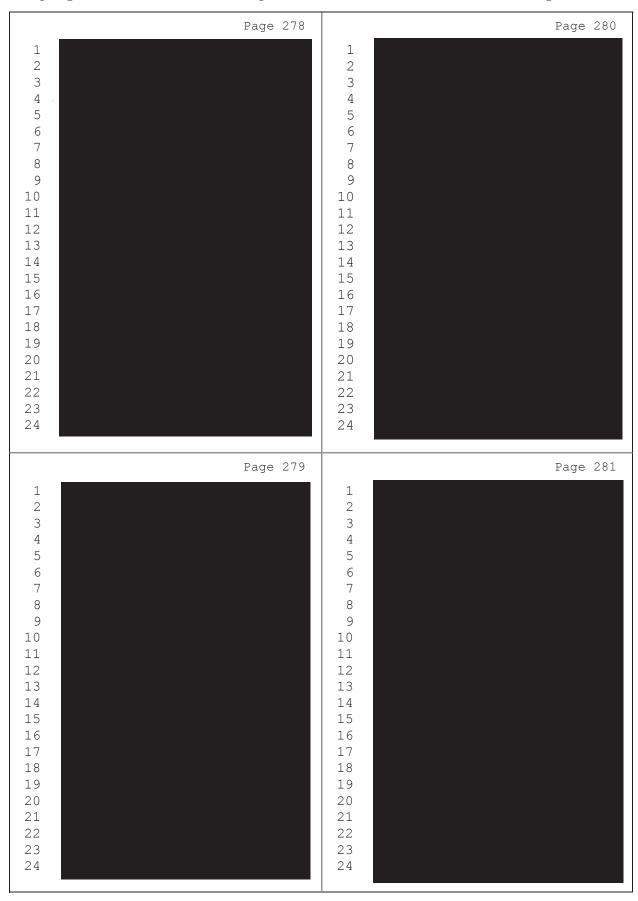
68 (Pages 266 to 269)



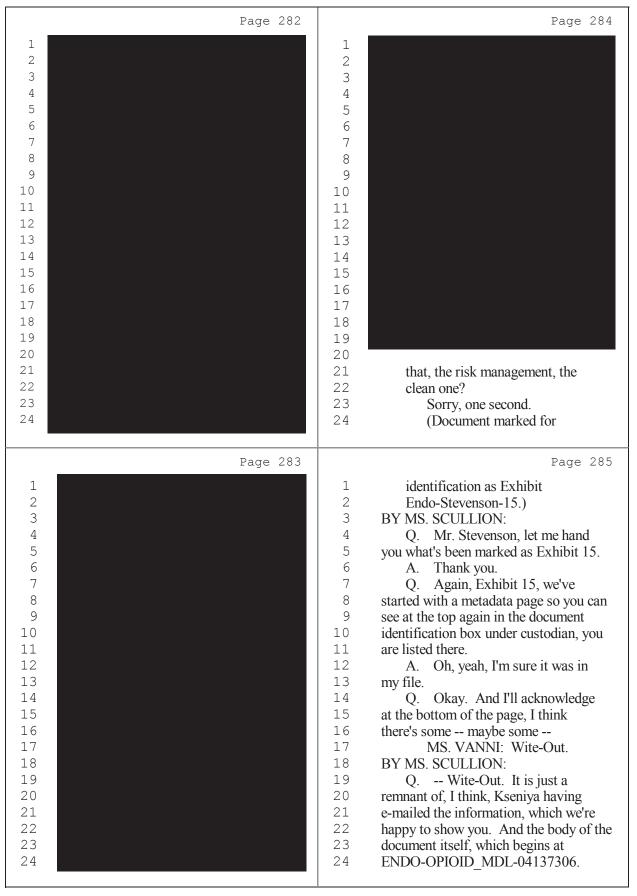
69 (Pages 270 to 273)



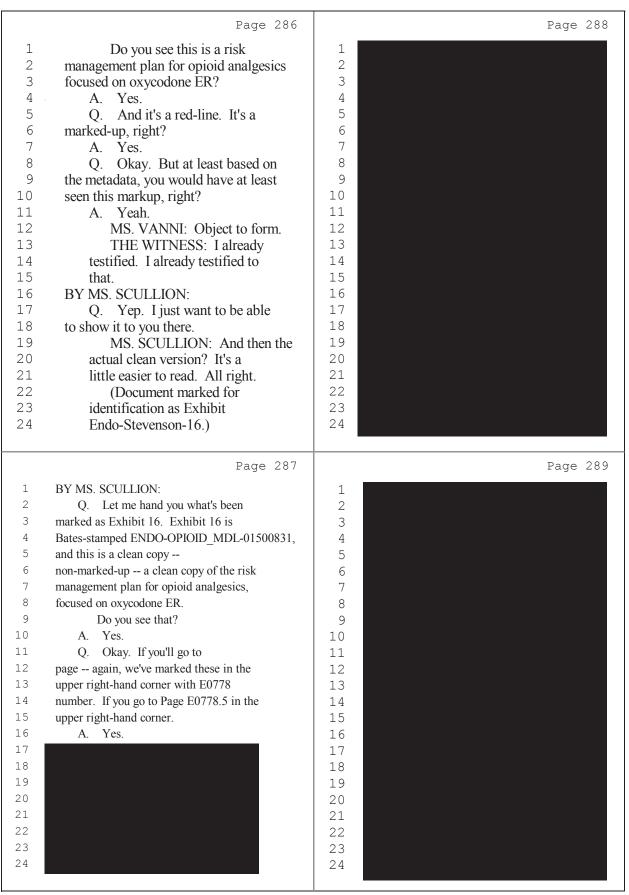
70 (Pages 274 to 277)

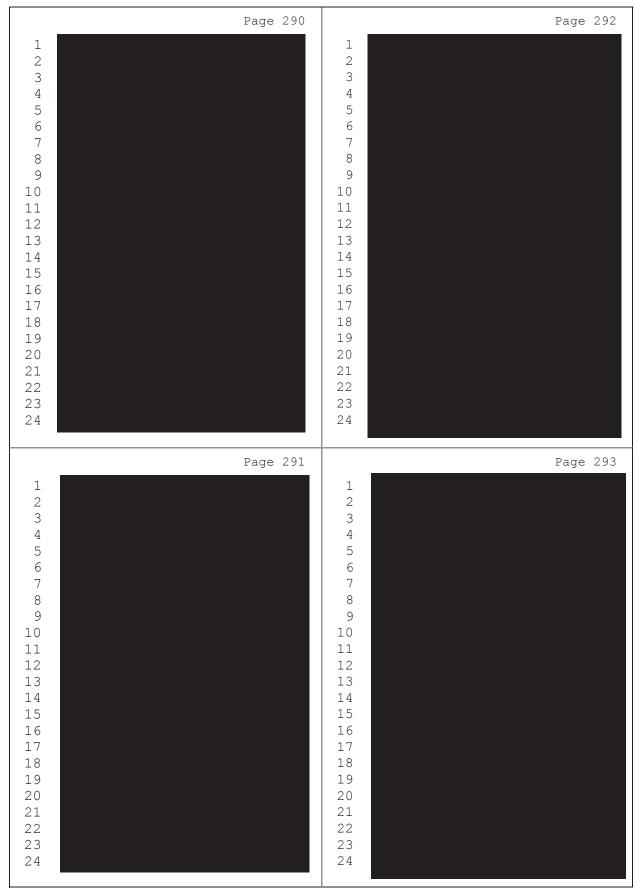


71 (Pages 278 to 281)

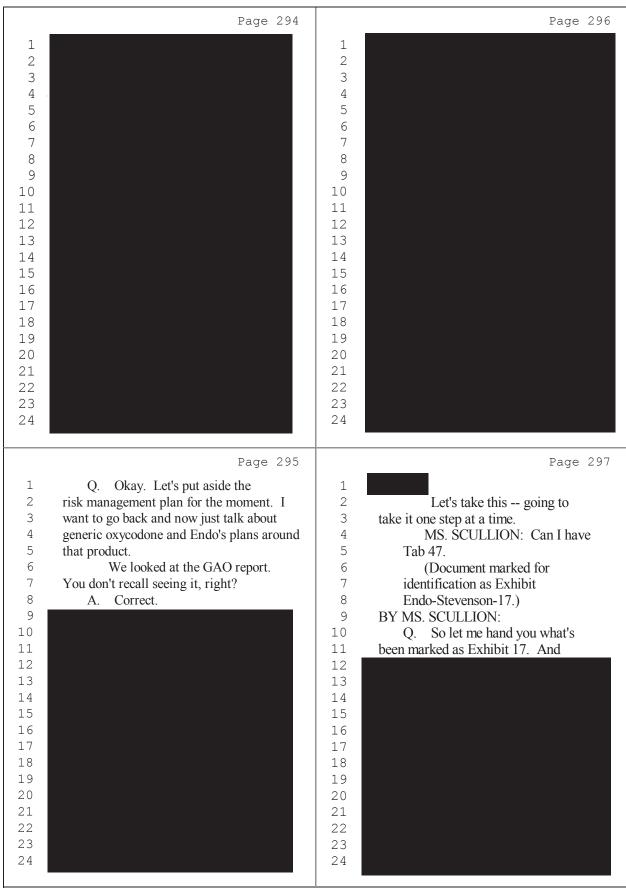


72 (Pages 282 to 285)

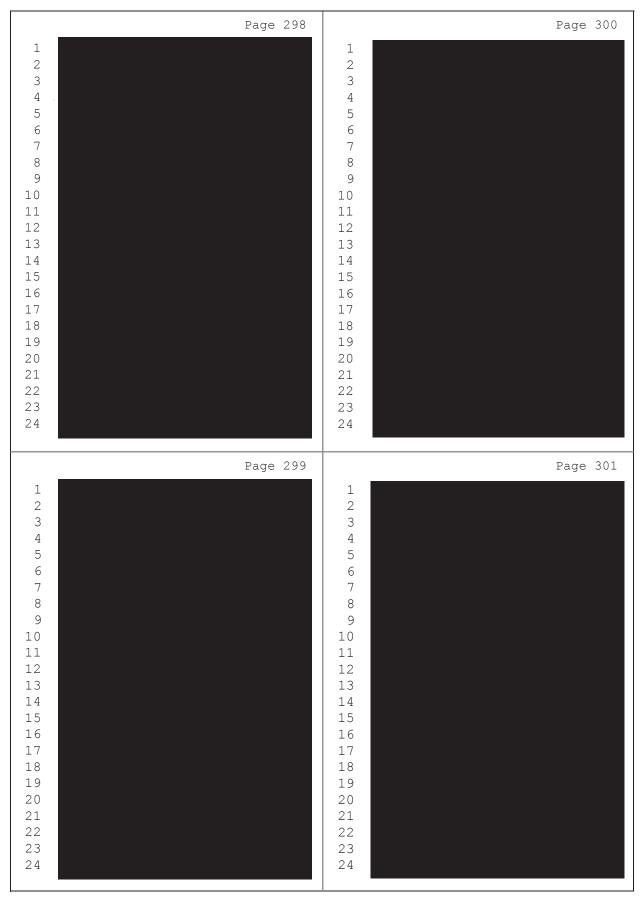




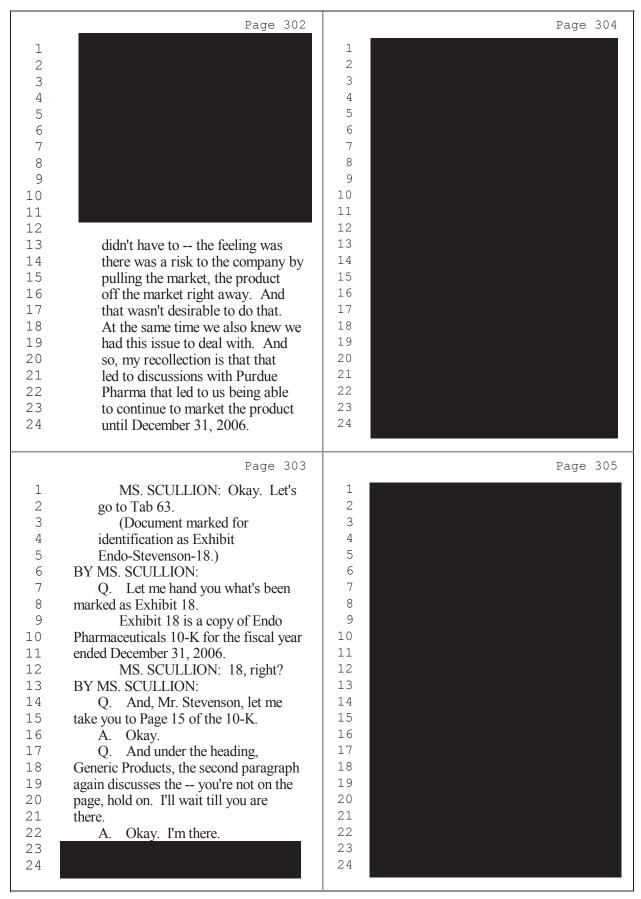
74 (Pages 290 to 293)

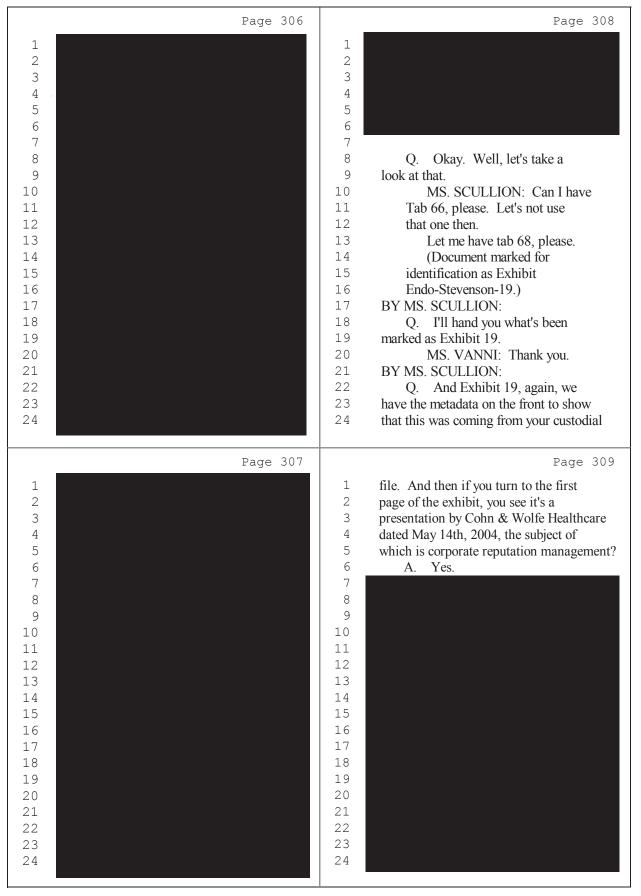


75 (Pages 294 to 297)

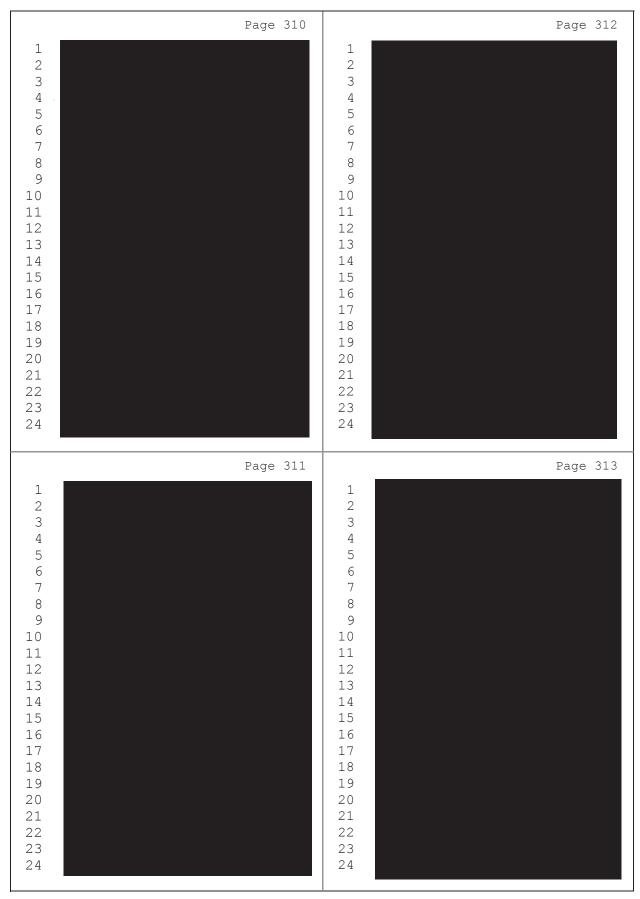


76 (Pages 298 to 301)





78 (Pages 306 to 309)



79 (Pages 310 to 313)

Page 314 Page 316 this is the generic oxycodone product. 1 1 2 (Document marked for 2 The first element -- sorry, the first 3 identification as Exhibit 3 item listed in the situations is, "Opioid 4 Endo-Stevenson-20.) 4 category synonymous with abuse." 5 5 Do you see that? BY MS. SCULLION: 6 A. Yes. 6 Q. Let me quickly show you 7 Exhibit 20, only to help you -- to help 7 O. And that was a concern you understand the 3202. Exhibit 20 is 8 8 Endo -- that was something that Endo was 9 ENDO-OPIOID MDL-01709708. And this is an 9 concerned about at the time, right, there e-mail from Mr. Barto to a variety of 10 10 was an opioid category that was kind of 11 folks. And you are cc'd. 11 synonymous with abuse? 12 Do you see that? 12 MS. VANNI: Object to form. 13 A. Yes. It looks to me like 13 THE WITNESS: Well, I can't 14 most of the people on this list were vice 14 testify to that. This was written 15 presidents, not all perhaps, but yeah. 15 by some marketing firm. And that 16 16 was what they wrote down on a 17 17 piece of paper. That doesn't mean 18 18 that Endo agreed with it. 19 19 BY MS. SCULLION: 20 20 Q. Were you concerned that the 21 21 opioid category was becoming synonymous 22 22 with abuse? 23 23 A. To be honest, no, because I 24 2.4 saw it as helping people relieve their Page 315 Page 317 1 1 pain, pain management. 2 2 Q. Did you think that concerns 3 3 about abuse of opioids at that time were 4 4 overstated? 5 5 MS. VANNI: Object to form. 6 6 THE WITNESS: I didn't think 7 7 they were overstated or 8 8 understated. 9 9 BY MS. SCULLION: 10 10 Q. Okay. All right. Let's go 11 11 to the case study section, which begins 12 on the next page. If you can turn back, 12 13 13 the first case study concerns Monsanto. 14 The next says Purdue Pharma. The third 14 15 15 case study here is Endo. 16 Okay. So going back to 16 Do you have that one? 17 Exhibit 19. There is a page a couple 17 A. Yes. pages back that's headed "Situation for 18 Q. All right. And what's 18 Launching 3218" at the top. 19 described here is -- in the first bullet 19 point is, "AG Pappert issues press 20 A. Okay. 20 21 Q. Do you see that? 21 release on April 22nd, warning of new 22 A. Yeah. 22 wave of abuse from generic OxyContin." 2.3 2.3 Q. And what's identified here Did I read that correctly? 24 is a situation for launching. Again, 24 A. Yes.

	Page 318		Page 320
1	Q. And then it indicates that,	1	Tab 77.
2	"An AP article was released at 3:40	2	BY MS. SCULLION:
3	focused on concerns of the Attorney	3	Q. Now, you are aware that for
4 .	General," correct?	4	some people, OxyContin was not a godsend,
5	A. Yes, that's what it says.	5	right?
6	Q. All right. Then it	6	MS. VANNI: Object to form.
7	indicates that at 3:45, five minutes	7	THE WITNESS: I'm aware of
8	later, Endo coordinates an interview with	8	what I testified to earlier, that
9	Dr. Galer and AP reporter.	9	there was abuse some of
10	Do you see that?	10	there was abuse of OxyContin by
11	A. Yes.	11	some. But that they were in the
12	Q. And Dr. Galer, that was	12	overwhelmingly vast minority
13	Dr. Brad Galer, right?	13	compared to the number of people
14	A. Yes.	14	that took, in this case OxyContin
15	Q. And who was he at Endo at	15	to manage their pain.
16	the time?	16	BY MS. SCULLION:
17	A. I don't remember his exact	17	Q. You are aware, are you not,
18	title, but he was involved in the science	18	that for some people who took OxyContin
19	side of the business.	19	under a physician's direction, not
20	Q. Okay. The science side of	20	abusing it, but under direction, that
21	the business is five minutes after	21	they described OxyContin as hell. You
22	release of an article that's discussing	22	are aware of that, right?
23	concerns from the Attorney General, State	23	MS. VANNI: Object to form
24	of Pennsylvania, the science side of Endo	24	and foundation.
	Page 319		Page 321
1	is on the phone with an AP reporter.	1	THE WITNIEGG: No I'm not
		1	THE WITNESS: No, I'm not
2	That's what this is indicating, right?	2	aware of that.
3	MS. VANNI: Object to form.	2 3	aware of that. BY MS. SCULLION:
3 4	MS. VANNI: Object to form. THE WITNESS: That's what it	2 3 4	aware of that. BY MS. SCULLION: Q. Okay.
3 4 5	MS. VANNI: Object to form. THE WITNESS: That's what it indicates. I don't know if that	2 3 4 5	aware of that. BY MS. SCULLION: Q. Okay. (Document marked for
3 4 5 6	MS. VANNI: Object to form. THE WITNESS: That's what it indicates. I don't know if that happened. I have no way of	2 3 4 5 6	aware of that. BY MS. SCULLION: Q. Okay. (Document marked for identification as Exhibit
3 4 5 6 7	MS. VANNI: Object to form. THE WITNESS: That's what it indicates. I don't know if that happened. I have no way of knowing.	2 3 4 5 6 7	aware of that. BY MS. SCULLION: Q. Okay. (Document marked for identification as Exhibit Endo-Stevenson-21.)
3 4 5 6 7 8	MS. VANNI: Object to form. THE WITNESS: That's what it indicates. I don't know if that happened. I have no way of knowing. BY MS. SCULLION:	2 3 4 5 6 7 8	aware of that. BY MS. SCULLION: Q. Okay. (Document marked for identification as Exhibit Endo-Stevenson-21.) BY MS. SCULLION:
3 4 5 6 7 8 9	MS. VANNI: Object to form. THE WITNESS: That's what it indicates. I don't know if that happened. I have no way of knowing. BY MS. SCULLION: Q. Then we see, at 4:38, so	2 3 4 5 6 7 8	aware of that. BY MS. SCULLION: Q. Okay. (Document marked for identification as Exhibit Endo-Stevenson-21.) BY MS. SCULLION: Q. Let me show you Exhibit 21.
3 4 5 6 7 8 9	MS. VANNI: Object to form. THE WITNESS: That's what it indicates. I don't know if that happened. I have no way of knowing. BY MS. SCULLION: Q. Then we see, at 4:38, so less than an hour after the first AP	2 3 4 5 6 7 8 9	aware of that. BY MS. SCULLION: Q. Okay. (Document marked for identification as Exhibit Endo-Stevenson-21.) BY MS. SCULLION: Q. Let me show you Exhibit 21. And Exhibit 21 is a copy of
3 4 5 6 7 8 9 10	MS. VANNI: Object to form. THE WITNESS: That's what it indicates. I don't know if that happened. I have no way of knowing. BY MS. SCULLION: Q. Then we see, at 4:38, so less than an hour after the first AP article, a second AP article now is	2 3 4 5 6 7 8 9 10	aware of that. BY MS. SCULLION: Q. Okay. (Document marked for identification as Exhibit Endo-Stevenson-21.) BY MS. SCULLION: Q. Let me show you Exhibit 21. And Exhibit 21 is a copy of a May 5, 2016 article from the LA Times.
3 4 5 6 7 8 9 10 11	MS. VANNI: Object to form. THE WITNESS: That's what it indicates. I don't know if that happened. I have no way of knowing. BY MS. SCULLION: Q. Then we see, at 4:38, so less than an hour after the first AP article, a second AP article now is released. And it's described as having	2 3 4 5 6 7 8 9 10 11 12	aware of that. BY MS. SCULLION: Q. Okay. (Document marked for identification as Exhibit Endo-Stevenson-21.) BY MS. SCULLION: Q. Let me show you Exhibit 21. And Exhibit 21 is a copy of a May 5, 2016 article from the LA Times. And it's titled "You want a description
3 4 5 6 7 8 9 10 11 12 13	MS. VANNI: Object to form. THE WITNESS: That's what it indicates. I don't know if that happened. I have no way of knowing. BY MS. SCULLION: Q. Then we see, at 4:38, so less than an hour after the first AP article, a second AP article now is released. And it's described as having a, quote, "balanced messages."	2 3 4 5 6 7 8 9 10 11 12 13	aware of that. BY MS. SCULLION: Q. Okay. (Document marked for identification as Exhibit Endo-Stevenson-21.) BY MS. SCULLION: Q. Let me show you Exhibit 21. And Exhibit 21 is a copy of a May 5, 2016 article from the LA Times. And it's titled "You want a description of hell: OxyContin's 12-hour problem."
3 4 5 6 7 8 9 10 11 12 13 14	MS. VANNI: Object to form. THE WITNESS: That's what it indicates. I don't know if that happened. I have no way of knowing. BY MS. SCULLION: Q. Then we see, at 4:38, so less than an hour after the first AP article, a second AP article now is released. And it's described as having a, quote, "balanced messages." Do you see that, closed	2 3 4 5 6 7 8 9 10 11 12 13 14	aware of that. BY MS. SCULLION: Q. Okay. (Document marked for identification as Exhibit Endo-Stevenson-21.) BY MS. SCULLION: Q. Let me show you Exhibit 21. And Exhibit 21 is a copy of a May 5, 2016 article from the LA Times. And it's titled "You want a description of hell: OxyContin's 12-hour problem." Do you see that?
3 4 5 6 7 8 9 10 11 12 13 14 15	MS. VANNI: Object to form. THE WITNESS: That's what it indicates. I don't know if that happened. I have no way of knowing. BY MS. SCULLION: Q. Then we see, at 4:38, so less than an hour after the first AP article, a second AP article now is released. And it's described as having a, quote, "balanced messages." Do you see that, closed quote?	2 3 4 5 6 7 8 9 10 11 12 13 14 15	aware of that. BY MS. SCULLION: Q. Okay. (Document marked for identification as Exhibit Endo-Stevenson-21.) BY MS. SCULLION: Q. Let me show you Exhibit 21. And Exhibit 21 is a copy of a May 5, 2016 article from the LA Times. And it's titled "You want a description of hell: OxyContin's 12-hour problem." Do you see that? A. Yes.
3 4 5 6 7 8 9 10 11 12 13 14 15 16	MS. VANNI: Object to form. THE WITNESS: That's what it indicates. I don't know if that happened. I have no way of knowing. BY MS. SCULLION: Q. Then we see, at 4:38, so less than an hour after the first AP article, a second AP article now is released. And it's described as having a, quote, "balanced messages." Do you see that, closed quote? A. Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	aware of that. BY MS. SCULLION: Q. Okay. (Document marked for identification as Exhibit Endo-Stevenson-21.) BY MS. SCULLION: Q. Let me show you Exhibit 21. And Exhibit 21 is a copy of a May 5, 2016 article from the LA Times. And it's titled "You want a description of hell: OxyContin's 12-hour problem." Do you see that? A. Yes. Q. Did you read this article
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	MS. VANNI: Object to form. THE WITNESS: That's what it indicates. I don't know if that happened. I have no way of knowing. BY MS. SCULLION: Q. Then we see, at 4:38, so less than an hour after the first AP article, a second AP article now is released. And it's described as having a, quote, "balanced messages." Do you see that, closed quote? A. Yes. Q. And the first balanced	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	aware of that. BY MS. SCULLION: Q. Okay. (Document marked for identification as Exhibit Endo-Stevenson-21.) BY MS. SCULLION: Q. Let me show you Exhibit 21. And Exhibit 21 is a copy of a May 5, 2016 article from the LA Times. And it's titled "You want a description of hell: OxyContin's 12-hour problem." Do you see that? A. Yes. Q. Did you read this article when it came out?
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	MS. VANNI: Object to form. THE WITNESS: That's what it indicates. I don't know if that happened. I have no way of knowing. BY MS. SCULLION: Q. Then we see, at 4:38, so less than an hour after the first AP article, a second AP article now is released. And it's described as having a, quote, "balanced messages." Do you see that, closed quote? A. Yes. Q. And the first balanced message indicated for the second AP	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	aware of that. BY MS. SCULLION: Q. Okay. (Document marked for identification as Exhibit Endo-Stevenson-21.) BY MS. SCULLION: Q. Let me show you Exhibit 21. And Exhibit 21 is a copy of a May 5, 2016 article from the LA Times. And it's titled "You want a description of hell: OxyContin's 12-hour problem." Do you see that? A. Yes. Q. Did you read this article when it came out? A. No. It was in May, May
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	MS. VANNI: Object to form. THE WITNESS: That's what it indicates. I don't know if that happened. I have no way of knowing. BY MS. SCULLION: Q. Then we see, at 4:38, so less than an hour after the first AP article, a second AP article now is released. And it's described as having a, quote, "balanced messages." Do you see that, closed quote? A. Yes. Q. And the first balanced message indicated for the second AP article is, "OxyContin has been a godsend	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	aware of that. BY MS. SCULLION: Q. Okay. (Document marked for identification as Exhibit Endo-Stevenson-21.) BY MS. SCULLION: Q. Let me show you Exhibit 21. And Exhibit 21 is a copy of a May 5, 2016 article from the LA Times. And it's titled "You want a description of hell: OxyContin's 12-hour problem." Do you see that? A. Yes. Q. Did you read this article when it came out? A. No. It was in May, May 5, 2016, I was in my noncompete phase.
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	MS. VANNI: Object to form. THE WITNESS: That's what it indicates. I don't know if that happened. I have no way of knowing. BY MS. SCULLION: Q. Then we see, at 4:38, so less than an hour after the first AP article, a second AP article now is released. And it's described as having a, quote, "balanced messages." Do you see that, closed quote? A. Yes. Q. And the first balanced message indicated for the second AP article is, "OxyContin has been a godsend to patients suffering from severe,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	aware of that. BY MS. SCULLION: Q. Okay. (Document marked for identification as Exhibit Endo-Stevenson-21.) BY MS. SCULLION: Q. Let me show you Exhibit 21. And Exhibit 21 is a copy of a May 5, 2016 article from the LA Times. And it's titled "You want a description of hell: OxyContin's 12-hour problem." Do you see that? A. Yes. Q. Did you read this article when it came out? A. No. It was in May, May 5, 2016, I was in my noncompete phase. Q. Okay. Your I won't ask
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	MS. VANNI: Object to form. THE WITNESS: That's what it indicates. I don't know if that happened. I have no way of knowing. BY MS. SCULLION: Q. Then we see, at 4:38, so less than an hour after the first AP article, a second AP article now is released. And it's described as having a, quote, "balanced messages." Do you see that, closed quote? A. Yes. Q. And the first balanced message indicated for the second AP article is, "OxyContin has been a godsend to patients suffering from severe, long-lasting pain."	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	aware of that. BY MS. SCULLION: Q. Okay. (Document marked for identification as Exhibit Endo-Stevenson-21.) BY MS. SCULLION: Q. Let me show you Exhibit 21. And Exhibit 21 is a copy of a May 5, 2016 article from the LA Times. And it's titled "You want a description of hell: OxyContin's 12-hour problem." Do you see that? A. Yes. Q. Did you read this article when it came out? A. No. It was in May, May 5, 2016, I was in my noncompete phase. Q. Okay. Your I won't ask you to read it now since you haven't read
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	MS. VANNI: Object to form. THE WITNESS: That's what it indicates. I don't know if that happened. I have no way of knowing. BY MS. SCULLION: Q. Then we see, at 4:38, so less than an hour after the first AP article, a second AP article now is released. And it's described as having a, quote, "balanced messages." Do you see that, closed quote? A. Yes. Q. And the first balanced message indicated for the second AP article is, "OxyContin has been a godsend to patients suffering from severe, long-lasting pain." Did I read that correctly?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	aware of that. BY MS. SCULLION: Q. Okay. (Document marked for identification as Exhibit Endo-Stevenson-21.) BY MS. SCULLION: Q. Let me show you Exhibit 21. And Exhibit 21 is a copy of a May 5, 2016 article from the LA Times. And it's titled "You want a description of hell: OxyContin's 12-hour problem." Do you see that? A. Yes. Q. Did you read this article when it came out? A. No. It was in May, May 5, 2016, I was in my noncompete phase. Q. Okay. Your I won't ask you to read it now since you haven't read it before. But fair to say that, at
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	MS. VANNI: Object to form. THE WITNESS: That's what it indicates. I don't know if that happened. I have no way of knowing. BY MS. SCULLION: Q. Then we see, at 4:38, so less than an hour after the first AP article, a second AP article now is released. And it's described as having a, quote, "balanced messages." Do you see that, closed quote? A. Yes. Q. And the first balanced message indicated for the second AP article is, "OxyContin has been a godsend to patients suffering from severe, long-lasting pain."	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	aware of that. BY MS. SCULLION: Q. Okay. (Document marked for identification as Exhibit Endo-Stevenson-21.) BY MS. SCULLION: Q. Let me show you Exhibit 21. And Exhibit 21 is a copy of a May 5, 2016 article from the LA Times. And it's titled "You want a description of hell: OxyContin's 12-hour problem." Do you see that? A. Yes. Q. Did you read this article when it came out? A. No. It was in May, May 5, 2016, I was in my noncompete phase. Q. Okay. Your I won't ask you to read it now since you haven't read

```
Page 322
                                                                                            Page 324
 1
                                                       1
        hell and not a godsend, right?
                                                                  material to doctors. That I don't
 2
                 MS. VANNI: Object to form.
                                                       2
                                                                  recall.
 3
                 THE WITNESS: Well, yeah, I
                                                       3
                                                              BY MS. SCULLION:
 4
             just -- for the record, I think
                                                       4
                                                                  Q. Did you ever see any
                                                       5
 5
             it's pure speculation to know
                                                              informational materials that went out
                                                       6
 6
             whether they abused a product or
                                                              directly to doctors concerning --
 7
             didn't abuse a product, whether
                                                       7
                                                                  A. I don't recall --
 8
             they took an opioid like
                                                       8
                                                                  Q. Sorry.
 9
                                                       9
             OxyContin, drank alcohol, or -- or
                                                                      -- concerning generic
                                                      10
10
             did other nefarious things that
                                                              oxycodone ER?
             were contra to the indication on
                                                      11
                                                                  A. I don't recall any.
11
12
             the label
                                                      12
                                                                  Q. Do you recall seeing any
                                                      13
                                                              "Dear Doctor" letters concerning generic
13
                 So the title could be
14
             misleading. I don't know what
                                                      14
                                                              oxycodone ER that told the doctors
                                                              that -- that that medication should not
15
             caused their hell, the 12 hours of
                                                      15
             hell, just for the record.
                                                      16
                                                              be overprescribed?
16
                                                      17
17
        BY MS. SCULLION:
                                                                  A. I don't recall any.
                                                      18
18
             Q. Now, going back to
                                                                  Q. Okay. And turn the page --
                                                      19
                                                                  A. But I -- can I -- I do want
19
        Exhibit 19.
20
             A. 19.
                                                      20
                                                              to stipulate though, it says --
                                                      21
                                                                  Q. I'm so sorry, I apologize,
21
             Q. Yep.
22
             A. Be good at numbers.
                                                      22
                                                              Mr. Stevenson. Your counsel will have
                                                      23
23
                                                              the opportunity to ask you questions, and
             Q. I'm getting better.
                                                              I'm certain that she will. So I'm trying
24
                                                      2.4
                 Same page we were just on,
                                     Page 323
                                                                                            Page 325
        which discusses the AP article that came
                                                              to move on to the next part of this
 1
                                                       1
 2
        out, second AP article after Endo
                                                       2
                                                              document. Sorry.
 3
        coordinated an interview between
                                                       3
                                                                      The recommendations section
 4
        Dr. Galer and the AP reporter.
                                                       4
                                                              on -- starts with communications
                                                       5
 5
                The third bullet point with
                                                              imperatives. Do you see that?
 6
        respect to balanced messages in that
                                                       6
                                                                  A. Yes.
                                                                  Q. And do you see that one of
 7
        article says, "The company, Endo, plans
                                                       7
 8
        to monitor for prescription data for
                                                       8
                                                              the communications imperatives identified
 9
        signs of abuse and tell doctors that the
                                                       9
                                                              a must have as part of a crisis
10
        medication should not be overprescribed."
                                                      10
                                                              preparedness program is, looking at the
                                                              third bullet point, "A strategy to
                Do you see that?
                                                      11
11
12
            A. Yes.
                                                      12
                                                              neutralize critics/activists."
                                                      13
                                                                      Do you see that?
13
            O. Now, I think you've
14
        mentioned and testified to rather a
                                                      14
                                                                  A. Yes.
                                                                  Q. Those are pretty strong
                                                      15
15
        number of times, with respect to generic
                                                              words, right, neutralize?
16
        oxycodone ER, Endo wasn't going to be
                                                      16
        telling doctors anything, right? Endo is
                                                      17
17
                                                                      MS. VANNI: Object to form.
18
        not directly communicating with
                                                      18
                                                                      THE WITNESS: I didn't write
        physicians concerning that generic
19
                                                      19
                                                                  them. They were written by a PR
20
        product, right?
                                                      2.0
                                                                  firm
21
                MS. VANNI: Object to form.
                                                      21
                                                              BY MS. SCULLION:
22
                THE WITNESS: They were not
                                                      22
                                                                  Q. Well -- just to make sure we
2.3
            promoting it. I do not know if
                                                      2.3
                                                              are on the same page. This was, in fact,
                                                      24
                                                              a PR firm that Endo hired. But I -- I
24
            they sent out informational
```

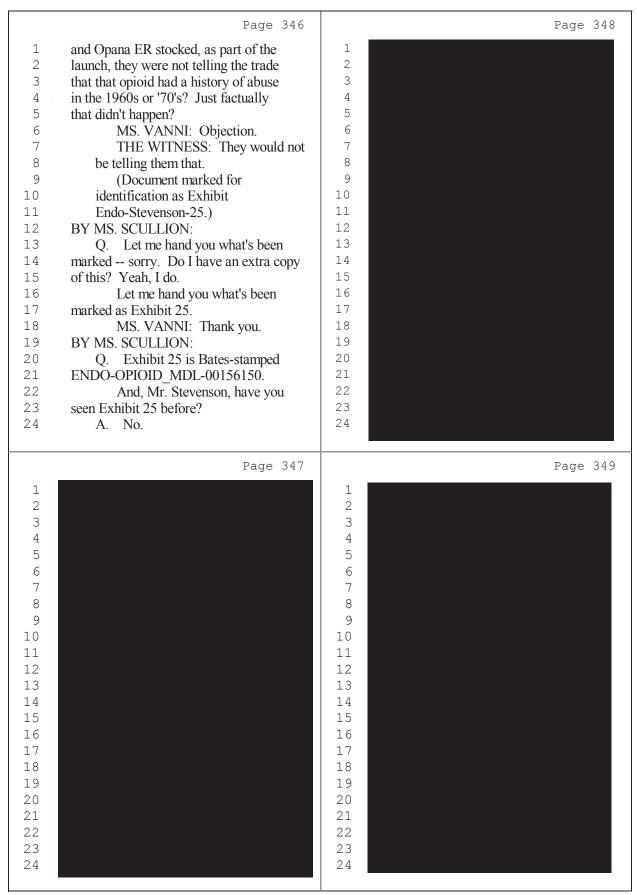
			-
	Page 326		Page 328
1	will show you. I know you said you don't	1	to
2	remember. Let me show you, so you know	2	A. But Cohn & Wolfe did not do
3	the basis on which we are saying that.	3	any marketing or promotional materials
4 .	You don't have to take my word for it.	4	for the generic business, just for
5	(Document marked for	5	Q. That's fine.
6	identification as Exhibit	6	A. For the record.
7	Endo-Stevenson-22.)	7	Q. That's fine.
8	BY MS. SCULLION:	8	`
9		9	Here, here we're looking in
10	Q. Let me show you what's been marked as Exhibit 22.	10	Exhibit 19 at what is more traditionally
11		11	called public relations.
12	And Exhibit 22 is a copy of		A. Yes.
	Endo Health Solutions Inc. and Endo	12	Q. Okay. So let's we were
13	Pharmaceutical Inc.'s excuse me, Endo	13	on the page communications imperatives.
14	Pharmaceuticals Inc.'s supplemental	14	A. Yes.
15	objections and responses to plaintiffs'	15	Q. And the strategy to
16	second set of interrogatories numbers	16	neutralize critics/activists, right?
17	and I'm not going to read the series of	17	A. Yes.
18	numbers.	18	Q. Just getting us back to
19	If you'll go to Page 35.	19	where we are.
20	A. Can I just ask a question?	20	Now, again, what's written
21	Q. Absolutely.	21	here is to neutralize the critics and
22	A. What what is the date of	22	activists. It doesn't say for example,
23	this document?	23	engage in a thoughtful debate, right?
24	Q. Sure. The date of this	24	MS. VANNI: Object to form.
	Page 327		Page 329
1	document is November 15, 2018.	1	THE WITNESS: I had no way
2	A. 2018, okay.	2	of controlling what somebody
3	Q. Correct. If you'll go to	3	writes in a PowerPoint
4	Page 34.	4	presentation who worked for
5	A. 34.	5	another firm.
6	Q. And I'm looking at	6	BY MS. SCULLION:
7	Interrogatory Number 31.	7	Q. Just asking. It doesn't say
8	A. 34, okay.	8	that, right, it doesn't say engage in a
9	Q. Okay. And this is an	9	thoughtful debate, right?
10	interrogatory, you can see, that asks	10	MS. VANNI: Object to form.
11	Endo to identify all vendors, including	11	THE WITNESS: No, it says
12	but not limited to, public relations	12	neutralize, as we've already said
13	firms you have retained for purposes	13	five times.
14		14	BY MS. SCULLION:
15	relating to opioids. And it it asks	15	
	for certain details.		Q. It doesn't say give
16	And on the next page, 35,	16	considered attention to the concerns of a
17	you see listed under vendor, Cohn &	17	community devastated by the opioid
18	Wolfe. It says, "/GCI Health." And it	18	epidemic, it doesn't say that, right?
19	identifies the purpose for hiring that	19	MS. VANNI: Objection to
1 111	vendor as marketing and promotional	20	form.
20		21	THE WITNESS: No, it doesn't
21	materials, public relations.		
21 22	Do you see that?	22	say that.
21 22 23	Do you see that? A. Yes.	22 23	say that. BY MS. SCULLION:
21 22	Do you see that?	22	say that.

```
Page 330
                                                                                         Page 332
                                                      1
 1
        and -- and activists, right?
                                                            I probably told you to go back too far.
 2
            A. Yes, that's what it says.
                                                      2
                                                            I apologize.
 3
            Q. Right. And common
                                                      3
                                                                A. Okay. Let's start over
        understanding of the term "neutralize"
                                                      4
 4
                                                            again.
                                                      5
 5
        means to stop something from being
                                                                O. Yeah.
 6
        effective, right?
                                                      6
                                                                A. Oh, is that it?
 7
               MS. VANNI: Object to form.
                                                      7
                                                                Q. That's it. Thank you. I
 8
               THE WITNESS: I don't know
                                                      8
                                                             apologize, we don't have page numbers.
                                                      9
 9
            how the -- what the intent of the
                                                                 A. That's all right. No
10
            meaning was in the PowerPoint
                                                    10
                                                            problem. My mistake.
11
            presentation, since I didn't write
                                                    11
                                                                 Q. This section is talking
12
                                                    12
                                                            about three options for a media strategy.
            it.
13
        BY MS. SCULLION:
                                                    13
                                                             And again, this is for the launch of
14
            Q. That's -- that's an
                                                    14
                                                            generic oxycodone ER product, right?
        understanding of what the -- the term
                                                    15
15
                                                                 A. Yes.
        "neutralize" does mean: Stop something
                                                    16
                                                                 Q. Okay. And then if you go to
16
                                                    17
17
        from being effective?
                                                            the next page, in discussing the pros and
18
               MS. VANNI: Object to form.
                                                    18
                                                            cons of one option, which is to conduct
               THE WITNESS: One could have
                                                            top tier briefings, do you see under the
19
                                                    19
20
            numerous, numerous definitions.
                                                    20
                                                            cons section, fourth bullet point down
21
            Who knows what was in the state of
                                                    21
                                                             is, "Endo 'blues' story emerges."
22
            mind of the individual who wrote
                                                    22
                                                                    Do you see that?
23
                                                    23
                                                                A. Yes.
2.4
        BY MS. SCULLION:
                                                    24
                                                                Q. And if you go to the next
                                    Page 331
                                                                                         Page 333
 1
            Q. Well, the one thing we do
                                                      1
                                                            page, which is discussing another
 2
        know is they -- they wrote that there
                                                      2
                                                            potential media strategy option. Again,
 3
        must -- the must have was a strategy to
                                                      3
                                                            under the cons we see listed, "Endo
 4
        neutralize critics and activists. That's
                                                      4
                                                             'blues' story emerges."
 5
                                                      5
                                                                    Do you see that?
        what they did write, right?
 6
                MS. VANNI: Object to form.
                                                      6
                                                                 A. Yes.
 7
                THE WITNESS: That's what
                                                      7
                                                                Q. And same thing on the last
 8
                                                      8
                                                            potential strategy under the cons, "Endo
            they wrote, ves.
 9
                                                      9
                                                             'blues' story emerges."
        BY MS. SCULLION:
10
            Q. Okay. And then if you'll go
                                                    10
                                                                    Do you see that?
        two more pages in. This is part of the
11
                                                    11
                                                                 A. Yes.
12
        presentation of options for media
                                                    12
                                                                 Q. And that was a reference to
13
        strategy for the 3218 launch.
                                                    13
                                                            the history of abuse of the oxymorphone
14
                                                    14
                                                            pills in the '60s and '70s, right?
                Do you see that?
15
            A. What does it say at the top?
                                                    15
                                                                    MS. VANNI: Objection,
16
            Q. Media strategy for 3218
                                                    16
                                                                 foundation.
                                                    17
17
        launch, three options?
                                                                    THE WITNESS: I have no
            A. Media -- media launch tab,
                                                    18
18
                                                                knowledge what it is. I've never
                                                                heard of it before.
                                                    19
19
        do you reckon that is what it is?
20
                MS. VANNI: It's not up on
                                                    2.0
                                                             BY MS. SCULLION:
21
            the screen.
                                                    21
                                                                 Q. You never heard anyone talk
22
        BY MS. SCULLION:
                                                    22
                                                            about a prior version of oxymorphone
2.3
                                                    2.3
                                                            being called "the blues"?
            O. Oh. That's the one. Media
24
        strategy for 3218 launch, three options.
                                                    24
                                                                 A. No. I have never heard that
```

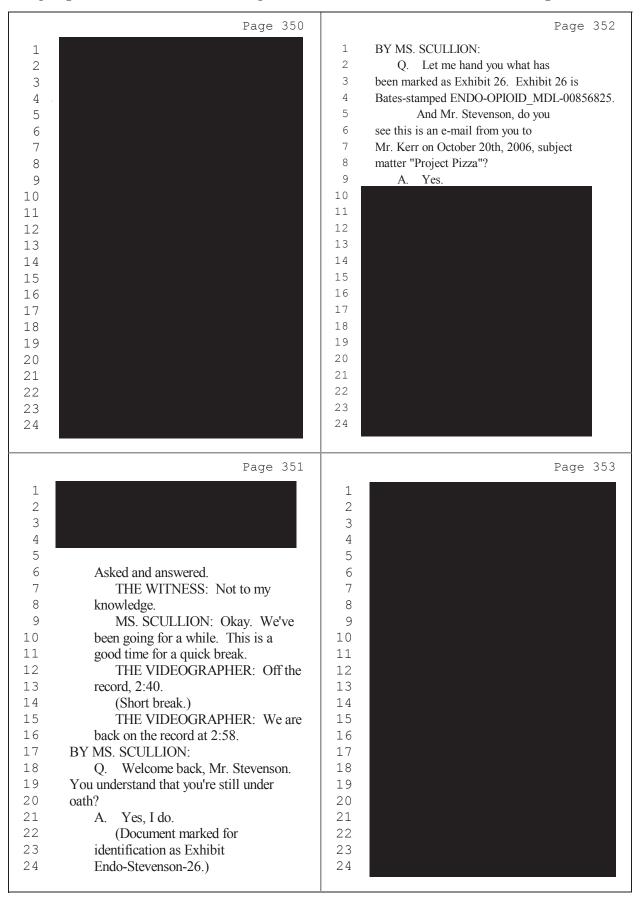
	Page 334		Page 336
1	before.	1	Q. And this is indicated to be
2	Q. Okay.	2	Chapter 35 of this book. And it is
3	MS. SCULLION: Can I have	3	entitled "Oxymorphone Abuse Among
4 .	tab Tab 74 and 72.	4	Narcotic Addicts."
5	(Document marked for	5	Do you see that?
6	identification as Exhibit	6	A. Yes.
7	Endo-Stevenson-23.)	7	Q. And it discusses in the
8	BY MS. SCULLION:	8	first line, "Numorphan (oxymorphone), a
9	Q. Let me first hand you what's	9	narcotic analgesic developed and first
10	been marked Exhibit 23.	10	marketed by Endo Laboratories in 1966 has
11	Exhibit 23 is an excerpt	11	become a drug abuse" "a drug of abuse
12	from a book called "Drug Abuse: Current	12	among a sizable segment of the narcotic
13	concerns and research."	13	addict population."
14	A. What is the date of this	14	Do you see that?
15	document?	15	A. Yes.
16	Q. If you'll turn to the second	16	Q. Okay. And I think we
17	page of the exhibit, you can see that	17	discussed earlier, oxymorphone was the
18	this was a book that was copyrighted in	18	opioid Endo used in the Opana IR and ER
19	1972.	19	products, right?
20	A. Okay. Thank you.	20	MS. VANNI: Object to form.
21	Q. Okay. And again I don't	21	THE WITNESS: It was a brand
22	have all the page numbers, so it's a	22	product, which I had no
23	little bit hard to direct you. But,	23	involvement.
24	yeah, in the upper right-hand corner we	24	BY MS. SCULLION:
	, II C		
	Page 335		- 005
	Tage 333		Page 337
1	_	1	
2	have numbers E137. Do you see those numbers?	1 2	
	have numbers E137. Do you see those numbers?	1	Q. I'm just asking the you
2	have numbers E137. Do you see those	2	Q. I'm just asking the you understand that was the same opioid,
2 3 4 5	have numbers E137. Do you see those numbers? A. I'm sorry, I don't see them.	2 3	Q. I'm just asking the you understand that was the same opioid, right?
2 3 4	have numbers E137. Do you see those numbers? A. I'm sorry, I don't see them. Do you see them?	2 3 4	Q. I'm just asking the you understand that was the same opioid, right? MS. VANNI: Object to form,
2 3 4 5	have numbers E137. Do you see those numbers? A. I'm sorry, I don't see them. Do you see them? MS. VANNI: Where is it?	2 3 4 5	Q. I'm just asking the you understand that was the same opioid, right? MS. VANNI: Object to form, foundation.
2 3 4 5 6	have numbers E137. Do you see those numbers? A. I'm sorry, I don't see them. Do you see them? MS. VANNI: Where is it? I'm sorry. MS. SCULLION: Sure. You	2 3 4 5 6	Q. I'm just asking the you understand that was the same opioid, right? MS. VANNI: Object to form, foundation. THE WITNESS: To be honest,
2 3 4 5 6 7	have numbers E137. Do you see those numbers? A. I'm sorry, I don't see them. Do you see them? MS. VANNI: Where is it? I'm sorry.	2 3 4 5 6 7	Q. I'm just asking the you understand that was the same opioid, right? MS. VANNI: Object to form, foundation. THE WITNESS: To be honest, you know, I haven't done what
2 3 4 5 6 7 8	have numbers E137. Do you see those numbers? A. I'm sorry, I don't see them. Do you see them? MS. VANNI: Where is it? I'm sorry. MS. SCULLION: Sure. You have these upper right-hand	2 3 4 5 6 7 8 9	Q. I'm just asking the you understand that was the same opioid, right? MS. VANNI: Object to form, foundation. THE WITNESS: To be honest, you know, I haven't done what the derivative is or what was the predecessor of it, I really don't know. It wasn't my focus.
2 3 4 5 6 7 8 9 10	have numbers E137. Do you see those numbers? A. I'm sorry, I don't see them. Do you see them? MS. VANNI: Where is it? I'm sorry. MS. SCULLION: Sure. You have these upper right-hand corner. THE WITNESS: I have to get through the	2 3 4 5 6 7 8 9 10 11	Q. I'm just asking the you understand that was the same opioid, right? MS. VANNI: Object to form, foundation. THE WITNESS: To be honest, you know, I haven't done what the derivative is or what was the predecessor of it, I really don't know. It wasn't my focus. BY MS. SCULLION:
2 3 4 5 6 7 8 9 10 11 12	have numbers E137. Do you see those numbers? A. I'm sorry, I don't see them. Do you see them? MS. VANNI: Where is it? I'm sorry. MS. SCULLION: Sure. You have these upper right-hand corner. THE WITNESS: I have to get	2 3 4 5 6 7 8 9 10 11 12	Q. I'm just asking the you understand that was the same opioid, right? MS. VANNI: Object to form, foundation. THE WITNESS: To be honest, you know, I haven't done what the derivative is or what was the predecessor of it, I really don't know. It wasn't my focus. BY MS. SCULLION: Q. Sure. We saw earlier in the
2 3 4 5 6 7 8 9 10 11 12 13	have numbers E137. Do you see those numbers? A. I'm sorry, I don't see them. Do you see them? MS. VANNI: Where is it? I'm sorry. MS. SCULLION: Sure. You have these upper right-hand corner. THE WITNESS: I have to get through the MS. SCULLION: You have these little numbers that say	2 3 4 5 6 7 8 9 10 11 12 13	Q. I'm just asking the you understand that was the same opioid, right? MS. VANNI: Object to form, foundation. THE WITNESS: To be honest, you know, I haven't done what the derivative is or what was the predecessor of it, I really don't know. It wasn't my focus. BY MS. SCULLION: Q. Sure. We saw earlier in the 10-K though that oxymorphone was listed
2 3 4 5 6 7 8 9 10 11 12 13 14	have numbers E137. Do you see those numbers? A. I'm sorry, I don't see them. Do you see them? MS. VANNI: Where is it? I'm sorry. MS. SCULLION: Sure. You have these upper right-hand corner. THE WITNESS: I have to get through the MS. SCULLION: You have	2 3 4 5 6 7 8 9 10 11 12 13 14	Q. I'm just asking the you understand that was the same opioid, right? MS. VANNI: Object to form, foundation. THE WITNESS: To be honest, you know, I haven't done what the derivative is or what was the predecessor of it, I really don't know. It wasn't my focus. BY MS. SCULLION: Q. Sure. We saw earlier in the 10-K though that oxymorphone was listed as one of the products that Endo was
2 3 4 5 6 7 8 9 10 11 12 13 14 15	have numbers E137. Do you see those numbers? A. I'm sorry, I don't see them. Do you see them? MS. VANNI: Where is it? I'm sorry. MS. SCULLION: Sure. You have these upper right-hand corner. THE WITNESS: I have to get through the MS. SCULLION: You have these little numbers that say E137. THE WITNESS: Oh, at the	2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q. I'm just asking the you understand that was the same opioid, right? MS. VANNI: Object to form, foundation. THE WITNESS: To be honest, you know, I haven't done what the derivative is or what was the predecessor of it, I really don't know. It wasn't my focus. BY MS. SCULLION: Q. Sure. We saw earlier in the 10-K though that oxymorphone was listed as one of the products that Endo was marketing during your time there?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	have numbers E137. Do you see those numbers? A. I'm sorry, I don't see them. Do you see them? MS. VANNI: Where is it? I'm sorry. MS. SCULLION: Sure. You have these upper right-hand corner. THE WITNESS: I have to get through the MS. SCULLION: You have these little numbers that say E137. THE WITNESS: Oh, at the back. I see.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. I'm just asking the you understand that was the same opioid, right? MS. VANNI: Object to form, foundation. THE WITNESS: To be honest, you know, I haven't done what the derivative is or what was the predecessor of it, I really don't know. It wasn't my focus. BY MS. SCULLION: Q. Sure. We saw earlier in the 10-K though that oxymorphone was listed as one of the products that Endo was marketing during your time there? A. Oh, yeah. They were
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	have numbers E137. Do you see those numbers? A. I'm sorry, I don't see them. Do you see them? MS. VANNI: Where is it? I'm sorry. MS. SCULLION: Sure. You have these upper right-hand corner. THE WITNESS: I have to get through the MS. SCULLION: You have these little numbers that say E137. THE WITNESS: Oh, at the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. I'm just asking the you understand that was the same opioid, right? MS. VANNI: Object to form, foundation. THE WITNESS: To be honest, you know, I haven't done what the derivative is or what was the predecessor of it, I really don't know. It wasn't my focus. BY MS. SCULLION: Q. Sure. We saw earlier in the 10-K though that oxymorphone was listed as one of the products that Endo was marketing during your time there?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	have numbers E137. Do you see those numbers? A. I'm sorry, I don't see them. Do you see them? MS. VANNI: Where is it? I'm sorry. MS. SCULLION: Sure. You have these upper right-hand corner. THE WITNESS: I have to get through the MS. SCULLION: You have these little numbers that say E137. THE WITNESS: Oh, at the back. I see. MS. SCULLION: Yeah. THE WITNESS: Okay. Sorry.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. I'm just asking the you understand that was the same opioid, right? MS. VANNI: Object to form, foundation. THE WITNESS: To be honest, you know, I haven't done what the derivative is or what was the predecessor of it, I really don't know. It wasn't my focus. BY MS. SCULLION: Q. Sure. We saw earlier in the 10-K though that oxymorphone was listed as one of the products that Endo was marketing during your time there? A. Oh, yeah. They were
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	have numbers E137. Do you see those numbers? A. I'm sorry, I don't see them. Do you see them? MS. VANNI: Where is it? I'm sorry. MS. SCULLION: Sure. You have these upper right-hand corner. THE WITNESS: I have to get through the MS. SCULLION: You have these little numbers that say E137. THE WITNESS: Oh, at the back. I see. MS. SCULLION: Yeah.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. I'm just asking the you understand that was the same opioid, right? MS. VANNI: Object to form, foundation. THE WITNESS: To be honest, you know, I haven't done what the derivative is or what was the predecessor of it, I really don't know. It wasn't my focus. BY MS. SCULLION: Q. Sure. We saw earlier in the 10-K though that oxymorphone was listed as one of the products that Endo was marketing during your time there? A. Oh, yeah. They were marketing several products when I was
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	have numbers E137. Do you see those numbers? A. I'm sorry, I don't see them. Do you see them? MS. VANNI: Where is it? I'm sorry. MS. SCULLION: Sure. You have these upper right-hand corner. THE WITNESS: I have to get through the MS. SCULLION: You have these little numbers that say E137. THE WITNESS: Oh, at the back. I see. MS. SCULLION: Yeah. THE WITNESS: Okay. Sorry. BY MS. SCULLION: Q. Sure. And so	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. I'm just asking the you understand that was the same opioid, right? MS. VANNI: Object to form, foundation. THE WITNESS: To be honest, you know, I haven't done what the derivative is or what was the predecessor of it, I really don't know. It wasn't my focus. BY MS. SCULLION: Q. Sure. We saw earlier in the 10-K though that oxymorphone was listed as one of the products that Endo was marketing during your time there? A. Oh, yeah. They were marketing several products when I was there. Q. Okay. And then if you look under the heading "Background," you'll
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	have numbers E137. Do you see those numbers? A. I'm sorry, I don't see them. Do you see them? MS. VANNI: Where is it? I'm sorry. MS. SCULLION: Sure. You have these upper right-hand corner. THE WITNESS: I have to get through the MS. SCULLION: You have these little numbers that say E137. THE WITNESS: Oh, at the back. I see. MS. SCULLION: Yeah. THE WITNESS: Okay. Sorry. BY MS. SCULLION: Q. Sure. And so A. I'm sorry. What is the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. I'm just asking the you understand that was the same opioid, right? MS. VANNI: Object to form, foundation. THE WITNESS: To be honest, you know, I haven't done what the derivative is or what was the predecessor of it, I really don't know. It wasn't my focus. BY MS. SCULLION: Q. Sure. We saw earlier in the 10-K though that oxymorphone was listed as one of the products that Endo was marketing during your time there? A. Oh, yeah. They were marketing several products when I was there. Q. Okay. And then if you look under the heading "Background," you'll see in the second paragraph, it says, "On
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	have numbers E137. Do you see those numbers? A. I'm sorry, I don't see them. Do you see them? MS. VANNI: Where is it? I'm sorry. MS. SCULLION: Sure. You have these upper right-hand corner. THE WITNESS: I have to get through the MS. SCULLION: You have these little numbers that say E137. THE WITNESS: Oh, at the back. I see. MS. SCULLION: Yeah. THE WITNESS: Okay. Sorry. BY MS. SCULLION: Q. Sure. And so A. I'm sorry. What is the page?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. I'm just asking the you understand that was the same opioid, right? MS. VANNI: Object to form, foundation. THE WITNESS: To be honest, you know, I haven't done what the derivative is or what was the predecessor of it, I really don't know. It wasn't my focus. BY MS. SCULLION: Q. Sure. We saw earlier in the 10-K though that oxymorphone was listed as one of the products that Endo was marketing during your time there? A. Oh, yeah. They were marketing several products when I was there. Q. Okay. And then if you look under the heading "Background," you'll see in the second paragraph, it says, "On the street Numorphan can be identified by
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	have numbers E137. Do you see those numbers? A. I'm sorry, I don't see them. Do you see them? MS. VANNI: Where is it? I'm sorry. MS. SCULLION: Sure. You have these upper right-hand corner. THE WITNESS: I have to get through the MS. SCULLION: You have these little numbers that say E137. THE WITNESS: Oh, at the back. I see. MS. SCULLION: Yeah. THE WITNESS: Okay. Sorry. BY MS. SCULLION: Q. Sure. And so A. I'm sorry. What is the page? Q. E137.1.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. I'm just asking the you understand that was the same opioid, right? MS. VANNI: Object to form, foundation. THE WITNESS: To be honest, you know, I haven't done what the derivative is or what was the predecessor of it, I really don't know. It wasn't my focus. BY MS. SCULLION: Q. Sure. We saw earlier in the 10-K though that oxymorphone was listed as one of the products that Endo was marketing during your time there? A. Oh, yeah. They were marketing several products when I was there. Q. Okay. And then if you look under the heading "Background," you'll see in the second paragraph, it says, "On the street Numorphan can be identified by its various subculture names Numorphine,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	have numbers E137. Do you see those numbers? A. I'm sorry, I don't see them. Do you see them? MS. VANNI: Where is it? I'm sorry. MS. SCULLION: Sure. You have these upper right-hand corner. THE WITNESS: I have to get through the MS. SCULLION: You have these little numbers that say E137. THE WITNESS: Oh, at the back. I see. MS. SCULLION: Yeah. THE WITNESS: Okay. Sorry. BY MS. SCULLION: Q. Sure. And so A. I'm sorry. What is the page?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. I'm just asking the you understand that was the same opioid, right? MS. VANNI: Object to form, foundation. THE WITNESS: To be honest, you know, I haven't done what the derivative is or what was the predecessor of it, I really don't know. It wasn't my focus. BY MS. SCULLION: Q. Sure. We saw earlier in the 10-K though that oxymorphone was listed as one of the products that Endo was marketing during your time there? A. Oh, yeah. They were marketing several products when I was there. Q. Okay. And then if you look under the heading "Background," you'll see in the second paragraph, it says, "On the street Numorphan can be identified by

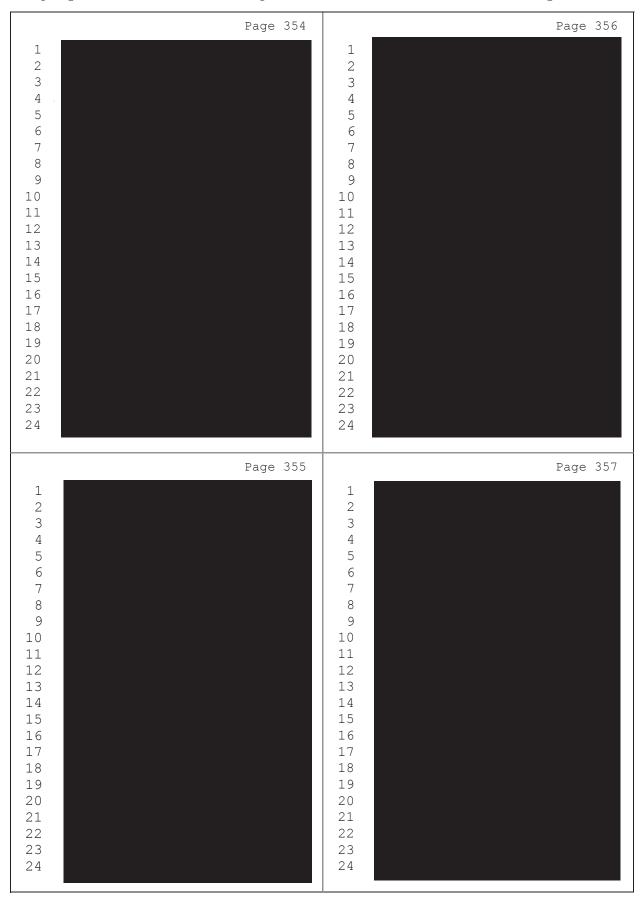
1	Page 338		Page 340
		1	
2	Do you see that? A. Yes.	1	lives of thousands of abusers."
3		2	Do you see that?
	Q. If you go to the next page.	3	A. I see that's what it says.
4	E137.2, under the heading "The Prevalence	4	Q. Okay. And you were aware
5	of Numorphan Abuse," do you see it says,	5	that Opana was twice as strong as
6	"The abuse of Numorphan appears to be	6	OxyContin, right?
7	rather widespread geographically.	7	MS. VANNI: Object to form
8	Without any systematic attempt to gather	8	foundation.
9	case histories, we have discovered	9	THE WITNESS: No, I was not
10	Numorphan addicts in Florida, Kentucky,	10	aware of that.
11	Pennsylvania, and New York."	11	BY MS. SCULLION:
12	Do you see that?	12	Q. Any reason to doubt the
13	A. Yes.	13	accuracy of that?
14	MS. SCULLION: Let's look at	14	MS. VANNI: Objection.
15	Tab 72.	15	THE WITNESS: I have no idea
16	(Document marked for	16	who Mr. Elzweig is. I have no
17	identification as Exhibit	17	I have no knowledge of what he
18	Endo-Stevenson-24.)	18	based his article on. So I do not
19	BY MS. SCULLION:	19	know that it was twice as large,
20	Q. I'll show you what's been	20	one third as large or less. I
21	marked as Exhibit 24. Exhibit 24 is	21	have no again, as I testified
22	Bates-stamped ENDO-OPIOID_MDL-06775127.	22	before, whether it's what is
23	MS. VANNI: Just note my	23	this drug called? Numorphan or
24	objection to the extent that this	24	oxy oxymorphone, that's a brand
1	postdates his employment.	1	product, not a generic.
2			
	MS SCULLION Understood	1 2	So my involvement was only
	MS. SCULLION: Understood.	2 3	So my involvement was only in the stocking of the product
3	BY MS. SCULLION:	3	in the stocking of the product
3 4	BY MS. SCULLION: Q. If you go down to the bottom	3 4	in the stocking of the product once I took over trade affairs in
3 4 5	BY MS. SCULLION: Q. If you go down to the bottom of the first page of Exhibit 24. I just	3 4 5	in the stocking of the product once I took over trade affairs in late '06. I had no other
3 4 5 6	BY MS. SCULLION: Q. If you go down to the bottom of the first page of Exhibit 24. I just want to direct your attention to the	3 4 5 6	in the stocking of the product once I took over trade affairs in late '06. I had no other involvement with the product. I
3 4 5 6 7	BY MS. SCULLION: Q. If you go down to the bottom of the first page of Exhibit 24. I just want to direct your attention to the e-mail. It's from Robert Reder to a	3 4 5 6 7	in the stocking of the product once I took over trade affairs in late '06. I had no other involvement with the product. I didn't follow the product. I
3 4 5 6 7 8	BY MS. SCULLION: Q. If you go down to the bottom of the first page of Exhibit 24. I just want to direct your attention to the e-mail. It's from Robert Reder to a variety of folks. And it is dated	3 4 5 6 7 8	in the stocking of the product once I took over trade affairs in late '06. I had no other involvement with the product. I didn't follow the product. I wasn't involved in strategic
3 4 5 6 7 8 9	BY MS. SCULLION: Q. If you go down to the bottom of the first page of Exhibit 24. I just want to direct your attention to the e-mail. It's from Robert Reder to a variety of folks. And it is dated March 6, 2008.	3 4 5 6 7 8 9	in the stocking of the product once I took over trade affairs in late '06. I had no other involvement with the product. I didn't follow the product. I wasn't involved in strategic discussions about the product, how
3 4 5 6 7 8 9	BY MS. SCULLION: Q. If you go down to the bottom of the first page of Exhibit 24. I just want to direct your attention to the e-mail. It's from Robert Reder to a variety of folks. And it is dated March 6, 2008. Do you see that?	3 4 5 6 7 8 9	in the stocking of the product once I took over trade affairs in late '06. I had no other involvement with the product. I didn't follow the product. I wasn't involved in strategic discussions about the product, how the product was promoted or
3 4 5 6 7 8 9 10 11	BY MS. SCULLION: Q. If you go down to the bottom of the first page of Exhibit 24. I just want to direct your attention to the e-mail. It's from Robert Reder to a variety of folks. And it is dated March 6, 2008. Do you see that? A. Yes.	3 4 5 6 7 8 9 10 11	in the stocking of the product once I took over trade affairs in late '06. I had no other involvement with the product. I didn't follow the product. I wasn't involved in strategic discussions about the product, how the product was promoted or anything else involving the
3 4 5 6 7 8 9 10 11	BY MS. SCULLION: Q. If you go down to the bottom of the first page of Exhibit 24. I just want to direct your attention to the e-mail. It's from Robert Reder to a variety of folks. And it is dated March 6, 2008. Do you see that? A. Yes. Q. Okay. And let's turn to the	3 4 5 6 7 8 9 10 11 12	in the stocking of the product once I took over trade affairs in late '06. I had no other involvement with the product. I didn't follow the product. I wasn't involved in strategic discussions about the product, how the product was promoted or anything else involving the product.
3 4 5 6 7 8 9 10 11 12 13	BY MS. SCULLION: Q. If you go down to the bottom of the first page of Exhibit 24. I just want to direct your attention to the e-mail. It's from Robert Reder to a variety of folks. And it is dated March 6, 2008. Do you see that? A. Yes. Q. Okay. And let's turn to the next page. You'll see that Dr. Reder is	3 4 5 6 7 8 9 10 11 12 13	in the stocking of the product once I took over trade affairs in late '06. I had no other involvement with the product. I didn't follow the product. I wasn't involved in strategic discussions about the product, how the product was promoted or anything else involving the product. You know, I may have gotten
3 4 5 6 7 8 9 10 11 12 13 14	Py MS. SCULLION: Q. If you go down to the bottom of the first page of Exhibit 24. I just want to direct your attention to the e-mail. It's from Robert Reder to a variety of folks. And it is dated March 6, 2008. Do you see that? A. Yes. Q. Okay. And let's turn to the next page. You'll see that Dr. Reder is forwarding an item from the New York	3 4 5 6 7 8 9 10 11 12 13 14	in the stocking of the product once I took over trade affairs in late '06. I had no other involvement with the product. I didn't follow the product. I wasn't involved in strategic discussions about the product, how the product was promoted or anything else involving the product. You know, I may have gotten copies of documents because I was
3 4 5 6 7 8 9 10 11 12 13 14 15	BY MS. SCULLION: Q. If you go down to the bottom of the first page of Exhibit 24. I just want to direct your attention to the e-mail. It's from Robert Reder to a variety of folks. And it is dated March 6, 2008. Do you see that? A. Yes. Q. Okay. And let's turn to the next page. You'll see that Dr. Reder is forwarding an item from the New York press entitled "Opana: A Brief History."	3 4 5 6 7 8 9 10 11 12 13 14 15	in the stocking of the product once I took over trade affairs in late '06. I had no other involvement with the product. I didn't follow the product. I wasn't involved in strategic discussions about the product, how the product was promoted or anything else involving the product. You know, I may have gotten copies of documents because I was at the VP level. What did I do?
3 4 5 6 7 8 9 10 11 12 13 14 15	Py MS. SCULLION: Q. If you go down to the bottom of the first page of Exhibit 24. I just want to direct your attention to the e-mail. It's from Robert Reder to a variety of folks. And it is dated March 6, 2008. Do you see that? A. Yes. Q. Okay. And let's turn to the next page. You'll see that Dr. Reder is forwarding an item from the New York press entitled "Opana: A Brief History." Do you see that?	3 4 5 6 7 8 9 10 11 12 13 14 15 16	in the stocking of the product once I took over trade affairs in late '06. I had no other involvement with the product. I didn't follow the product. I wasn't involved in strategic discussions about the product, how the product was promoted or anything else involving the product. You know, I may have gotten copies of documents because I was at the VP level. What did I do? I put it in my file. Okay, great.
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	BY MS. SCULLION: Q. If you go down to the bottom of the first page of Exhibit 24. I just want to direct your attention to the e-mail. It's from Robert Reder to a variety of folks. And it is dated March 6, 2008. Do you see that? A. Yes. Q. Okay. And let's turn to the next page. You'll see that Dr. Reder is forwarding an item from the New York press entitled "Opana: A Brief History." Do you see that? A. Yeah. Yes.	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	in the stocking of the product once I took over trade affairs in late '06. I had no other involvement with the product. I didn't follow the product. I wasn't involved in strategic discussions about the product, how the product was promoted or anything else involving the product. You know, I may have gotten copies of documents because I was at the VP level. What did I do? I put it in my file. Okay, great. They sent me a document. It has
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	BY MS. SCULLION: Q. If you go down to the bottom of the first page of Exhibit 24. I just want to direct your attention to the e-mail. It's from Robert Reder to a variety of folks. And it is dated March 6, 2008. Do you see that? A. Yes. Q. Okay. And let's turn to the next page. You'll see that Dr. Reder is forwarding an item from the New York press entitled "Opana: A Brief History." Do you see that? A. Yeah. Yes. Q. And just for orientation,	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	in the stocking of the product once I took over trade affairs in late '06. I had no other involvement with the product. I didn't follow the product. I wasn't involved in strategic discussions about the product, how the product was promoted or anything else involving the product. You know, I may have gotten copies of documents because I was at the VP level. What did I do? I put it in my file. Okay, great. They sent me a document. It has to go somewhere. So I put it in
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Py MS. SCULLION: Q. If you go down to the bottom of the first page of Exhibit 24. I just want to direct your attention to the e-mail. It's from Robert Reder to a variety of folks. And it is dated March 6, 2008. Do you see that? A. Yes. Q. Okay. And let's turn to the next page. You'll see that Dr. Reder is forwarding an item from the New York press entitled "Opana: A Brief History." Do you see that? A. Yeah. Yes. Q. And just for orientation, the first paragraph states, "Opana, a	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	in the stocking of the product once I took over trade affairs in late '06. I had no other involvement with the product. I didn't follow the product. I wasn't involved in strategic discussions about the product, how the product was promoted or anything else involving the product. You know, I may have gotten copies of documents because I was at the VP level. What did I do? I put it in my file. Okay, great. They sent me a document. It has to go somewhere. So I put it in my folder.
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Py MS. SCULLION: Q. If you go down to the bottom of the first page of Exhibit 24. I just want to direct your attention to the e-mail. It's from Robert Reder to a variety of folks. And it is dated March 6, 2008. Do you see that? A. Yes. Q. Okay. And let's turn to the next page. You'll see that Dr. Reder is forwarding an item from the New York press entitled "Opana: A Brief History." Do you see that? A. Yeah. Yes. Q. And just for orientation, the first paragraph states, "Opana, a powerful painkiller that went on the	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	in the stocking of the product once I took over trade affairs in late '06. I had no other involvement with the product. I didn't follow the product. I wasn't involved in strategic discussions about the product, how the product was promoted or anything else involving the product. You know, I may have gotten copies of documents because I was at the VP level. What did I do? I put it in my file. Okay, great. They sent me a document. It has to go somewhere. So I put it in my folder. But I was not involved with
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Py MS. SCULLION: Q. If you go down to the bottom of the first page of Exhibit 24. I just want to direct your attention to the e-mail. It's from Robert Reder to a variety of folks. And it is dated March 6, 2008. Do you see that? A. Yes. Q. Okay. And let's turn to the next page. You'll see that Dr. Reder is forwarding an item from the New York press entitled "Opana: A Brief History." Do you see that? A. Yeah. Yes. Q. And just for orientation, the first paragraph states, "Opana, a powerful painkiller that went on the market less than two years ago, is twice	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	in the stocking of the product once I took over trade affairs in late '06. I had no other involvement with the product. I didn't follow the product. I wasn't involved in strategic discussions about the product, how the product was promoted or anything else involving the product. You know, I may have gotten copies of documents because I was at the VP level. What did I do? I put it in my file. Okay, great. They sent me a document. It has to go somewhere. So I put it in my folder. But I was not involved with these brand products whether it
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Py MS. SCULLION: Q. If you go down to the bottom of the first page of Exhibit 24. I just want to direct your attention to the e-mail. It's from Robert Reder to a variety of folks. And it is dated March 6, 2008. Do you see that? A. Yes. Q. Okay. And let's turn to the next page. You'll see that Dr. Reder is forwarding an item from the New York press entitled "Opana: A Brief History." Do you see that? A. Yeah. Yes. Q. And just for orientation, the first paragraph states, "Opana, a powerful painkiller that went on the market less than two years ago, is twice as strong as OxyContin with a potential	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	in the stocking of the product once I took over trade affairs in late '06. I had no other involvement with the product. I didn't follow the product. I wasn't involved in strategic discussions about the product, how the product was promoted or anything else involving the product. You know, I may have gotten copies of documents because I was at the VP level. What did I do? I put it in my file. Okay, great. They sent me a document. It has to go somewhere. So I put it in my folder. But I was not involved with these brand products whether it was Percocet, oxymorphone ER,
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Py MS. SCULLION: Q. If you go down to the bottom of the first page of Exhibit 24. I just want to direct your attention to the e-mail. It's from Robert Reder to a variety of folks. And it is dated March 6, 2008. Do you see that? A. Yes. Q. Okay. And let's turn to the next page. You'll see that Dr. Reder is forwarding an item from the New York press entitled "Opana: A Brief History." Do you see that? A. Yeah. Yes. Q. And just for orientation, the first paragraph states, "Opana, a powerful painkiller that went on the market less than two years ago, is twice	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	in the stocking of the product once I took over trade affairs in late '06. I had no other involvement with the product. I didn't follow the product. I wasn't involved in strategic discussions about the product, how the product was promoted or anything else involving the product. You know, I may have gotten copies of documents because I was at the VP level. What did I do? I put it in my file. Okay, great. They sent me a document. It has to go somewhere. So I put it in my folder. But I was not involved with these brand products whether it

	Page 342		Page 344
1	record, I just want to note that	1	'Blues' in the 1989 Gus Van Sant film,
2	you missed my objection, on the	2	Drugstore Cowboy, about a family of
3	"any reason to doubt" question.	3	traveling drug addicts set in the early
4 .	BY MS. SCULLION:	4	1970s."
5	Q. But we did see earlier in	5	Did I read that correctly?
6	your performance evaluation that you were	6	A. Yes.
7	involved with Opana, at least to the	7	Q. Mr. Stevenson, so sitting
8	extent of, as you said, facilitating	8	here today, you're telling me that during
9	the	9	the time that you were helping Endo get
10	A. Stocking.	10	oxymorphone tablets stocked out in the
11	Q relationships with the	11	retail drug chains, no one made you aware
12	trade on stocking, right?	12	of this history of abuse of that opioid,
13	A. Stocking, yes. I agree.	13	right?
14	Q. Right. And that was and	14	MS. VANNI: Objection.
15	that was an important part of the launch	15	THE WITNESS: I was not
16	of Opana ER, right, getting that stocked?	16	aware of I was not aware of
17	MS. VANNI: Object to form.	17	anything involving Numorphan.
18	THE WITNESS: Well, you have	18	
19			That never came up during my
	to have it stocked, yes.	19	tenure there.
20	BY MS. SCULLION:	20	BY MS. SCULLION:
21	Q. Right. And when you were	21	Q. Okay. Fair to say that in
22	helping get that drug stocked, are you	22	terms of the relationships that you were
23	telling me that you were not aware that	23	discussing are important to develop with
24	Opana that oxymorphone had a history	24	the trade, that you never informed anyone
	Page 343		Page 345
1	Page 343	1	Page 345
1	of abuse in the 1960s and '70s under the	1 2	in your trade relationships that
2	of abuse in the 1960s and '70s under the name Blues?	2	in your trade relationships that oxymorphone, in fact, had a history of
2 3	of abuse in the 1960s and '70s under the name Blues? MS. VANNI: Object to form.	2 3	in your trade relationships that oxymorphone, in fact, had a history of abuse in the 1960s and '70s, right?
2 3 4	of abuse in the 1960s and '70s under the name Blues? MS. VANNI: Object to form. THE WITNESS: I was not	2 3 4	in your trade relationships that oxymorphone, in fact, had a history of abuse in the 1960s and '70s, right? MS. VANNI: Objection.
2 3 4 5	of abuse in the 1960s and '70s under the name Blues? MS. VANNI: Object to form. THE WITNESS: I was not aware of that. I've never heard	2 3 4 5	in your trade relationships that oxymorphone, in fact, had a history of abuse in the 1960s and '70s, right? MS. VANNI: Objection. THE WITNESS: We were
2 3 4 5 6	of abuse in the 1960s and '70s under the name Blues? MS. VANNI: Object to form. THE WITNESS: I was not aware of that. I've never heard of that before.	2 3 4 5 6	in your trade relationships that oxymorphone, in fact, had a history of abuse in the 1960s and '70s, right? MS. VANNI: Objection. THE WITNESS: We were stocking an FDA-approved product.
2 3 4 5 6 7	of abuse in the 1960s and '70s under the name Blues? MS. VANNI: Object to form. THE WITNESS: I was not aware of that. I've never heard of that before. BY MS. SCULLION:	2 3 4 5 6 7	in your trade relationships that oxymorphone, in fact, had a history of abuse in the 1960s and '70s, right? MS. VANNI: Objection. THE WITNESS: We were stocking an FDA-approved product. The FDA approved a product, and
2 3 4 5 6 7 8	of abuse in the 1960s and '70s under the name Blues? MS. VANNI: Object to form. THE WITNESS: I was not aware of that. I've never heard of that before. BY MS. SCULLION: Q. Okay. And just, again, to	2 3 4 5 6 7 8	in your trade relationships that oxymorphone, in fact, had a history of abuse in the 1960s and '70s, right? MS. VANNI: Objection. THE WITNESS: We were stocking an FDA-approved product. The FDA approved a product, and what and what the goal was, was
2 3 4 5 6 7 8 9	of abuse in the 1960s and '70s under the name Blues? MS. VANNI: Object to form. THE WITNESS: I was not aware of that. I've never heard of that before. BY MS. SCULLION: Q. Okay. And just, again, to draw your attention in Exhibit 24 to the	2 3 4 5 6 7 8	in your trade relationships that oxymorphone, in fact, had a history of abuse in the 1960s and '70s, right? MS. VANNI: Objection. THE WITNESS: We were stocking an FDA-approved product. The FDA approved a product, and what and what the goal was, was to make sure that the product was
2 3 4 5 6 7 8 9	of abuse in the 1960s and '70s under the name Blues? MS. VANNI: Object to form. THE WITNESS: I was not aware of that. I've never heard of that before. BY MS. SCULLION: Q. Okay. And just, again, to draw your attention in Exhibit 24 to the last paragraph of the article.	2 3 4 5 6 7 8 9	in your trade relationships that oxymorphone, in fact, had a history of abuse in the 1960s and '70s, right? MS. VANNI: Objection. THE WITNESS: We were stocking an FDA-approved product. The FDA approved a product, and what and what the goal was, was to make sure that the product was stocked. That was, while an
2 3 4 5 6 7 8 9 10	of abuse in the 1960s and '70s under the name Blues? MS. VANNI: Object to form. THE WITNESS: I was not aware of that. I've never heard of that before. BY MS. SCULLION: Q. Okay. And just, again, to draw your attention in Exhibit 24 to the last paragraph of the article. A. Oh, 24. That's this one?	2 3 4 5 6 7 8 9 10	in your trade relationships that oxymorphone, in fact, had a history of abuse in the 1960s and '70s, right? MS. VANNI: Objection. THE WITNESS: We were stocking an FDA-approved product. The FDA approved a product, and what and what the goal was, was to make sure that the product was stocked. That was, while an important aspect of the product
2 3 4 5 6 7 8 9 10 11 12	of abuse in the 1960s and '70s under the name Blues? MS. VANNI: Object to form. THE WITNESS: I was not aware of that. I've never heard of that before. BY MS. SCULLION: Q. Okay. And just, again, to draw your attention in Exhibit 24 to the last paragraph of the article. A. Oh, 24. That's this one? Q. That's the article, right.	2 3 4 5 6 7 8 9 10 11 12	in your trade relationships that oxymorphone, in fact, had a history of abuse in the 1960s and '70s, right? MS. VANNI: Objection. THE WITNESS: We were stocking an FDA-approved product. The FDA approved a product, and what and what the goal was, was to make sure that the product was stocked. That was, while an important aspect of the product launch, it was not a significant
2 3 4 5 6 7 8 9 10 11 12 13	of abuse in the 1960s and '70s under the name Blues? MS. VANNI: Object to form. THE WITNESS: I was not aware of that. I've never heard of that before. BY MS. SCULLION: Q. Okay. And just, again, to draw your attention in Exhibit 24 to the last paragraph of the article. A. Oh, 24. That's this one? Q. That's the article, right. A. The last paragraph?	2 3 4 5 6 7 8 9 10 11 12 13	in your trade relationships that oxymorphone, in fact, had a history of abuse in the 1960s and '70s, right? MS. VANNI: Objection. THE WITNESS: We were stocking an FDA-approved product. The FDA approved a product, and what and what the goal was, was to make sure that the product was stocked. That was, while an important aspect of the product launch, it was not a significant activity for myself. It was
2 3 4 5 6 7 8 9 10 11 12 13 14	of abuse in the 1960s and '70s under the name Blues? MS. VANNI: Object to form. THE WITNESS: I was not aware of that. I've never heard of that before. BY MS. SCULLION: Q. Okay. And just, again, to draw your attention in Exhibit 24 to the last paragraph of the article. A. Oh, 24. That's this one? Q. That's the article, right. A. The last paragraph? Q. Right. Which explains,	2 3 4 5 6 7 8 9 10 11 12 13 14	in your trade relationships that oxymorphone, in fact, had a history of abuse in the 1960s and '70s, right? MS. VANNI: Objection. THE WITNESS: We were stocking an FDA-approved product. The FDA approved a product, and what and what the goal was, was to make sure that the product was stocked. That was, while an important aspect of the product launch, it was not a significant activity for myself. It was basically in the hands of three
2 3 4 5 6 7 8 9 10 11 12 13 14 15	of abuse in the 1960s and '70s under the name Blues? MS. VANNI: Object to form. THE WITNESS: I was not aware of that. I've never heard of that before. BY MS. SCULLION: Q. Okay. And just, again, to draw your attention in Exhibit 24 to the last paragraph of the article. A. Oh, 24. That's this one? Q. That's the article, right. A. The last paragraph? Q. Right. Which explains, "This isn't the first time that	2 3 4 5 6 7 8 9 10 11 12 13 14 15	in your trade relationships that oxymorphone, in fact, had a history of abuse in the 1960s and '70s, right? MS. VANNI: Objection. THE WITNESS: We were stocking an FDA-approved product. The FDA approved a product, and what and what the goal was, was to make sure that the product was stocked. That was, while an important aspect of the product launch, it was not a significant activity for myself. It was basically in the hands of three national account executives who
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	of abuse in the 1960s and '70s under the name Blues? MS. VANNI: Object to form. THE WITNESS: I was not aware of that. I've never heard of that before. BY MS. SCULLION: Q. Okay. And just, again, to draw your attention in Exhibit 24 to the last paragraph of the article. A. Oh, 24. That's this one? Q. That's the article, right. A. The last paragraph? Q. Right. Which explains, "This isn't the first time that oxymorphone hydrochloride has been	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	in your trade relationships that oxymorphone, in fact, had a history of abuse in the 1960s and '70s, right? MS. VANNI: Objection. THE WITNESS: We were stocking an FDA-approved product. The FDA approved a product, and what and what the goal was, was to make sure that the product was stocked. That was, while an important aspect of the product launch, it was not a significant activity for myself. It was basically in the hands of three national account executives who reported to me at the time. And
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	of abuse in the 1960s and '70s under the name Blues? MS. VANNI: Object to form. THE WITNESS: I was not aware of that. I've never heard of that before. BY MS. SCULLION: Q. Okay. And just, again, to draw your attention in Exhibit 24 to the last paragraph of the article. A. Oh, 24. That's this one? Q. That's the article, right. A. The last paragraph? Q. Right. Which explains, "This isn't the first time that oxymorphone hydrochloride has been available in tablet form. Until it was	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	in your trade relationships that oxymorphone, in fact, had a history of abuse in the 1960s and '70s, right? MS. VANNI: Objection. THE WITNESS: We were stocking an FDA-approved product. The FDA approved a product, and what and what the goal was, was to make sure that the product was stocked. That was, while an important aspect of the product launch, it was not a significant activity for myself. It was basically in the hands of three national account executives who reported to me at the time. And that was our only involvement with
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	of abuse in the 1960s and '70s under the name Blues? MS. VANNI: Object to form. THE WITNESS: I was not aware of that. I've never heard of that before. BY MS. SCULLION: Q. Okay. And just, again, to draw your attention in Exhibit 24 to the last paragraph of the article. A. Oh, 24. That's this one? Q. That's the article, right. A. The last paragraph? Q. Right. Which explains, "This isn't the first time that oxymorphone hydrochloride has been available in tablet form. Until it was taken off the market in the 1970s, it was	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	in your trade relationships that oxymorphone, in fact, had a history of abuse in the 1960s and '70s, right? MS. VANNI: Objection. THE WITNESS: We were stocking an FDA-approved product. The FDA approved a product, and what and what the goal was, was to make sure that the product was stocked. That was, while an important aspect of the product launch, it was not a significant activity for myself. It was basically in the hands of three national account executives who reported to me at the time. And that was our only involvement with oxymorphone.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	of abuse in the 1960s and '70s under the name Blues? MS. VANNI: Object to form. THE WITNESS: I was not aware of that. I've never heard of that before. BY MS. SCULLION: Q. Okay. And just, again, to draw your attention in Exhibit 24 to the last paragraph of the article. A. Oh, 24. That's this one? Q. That's the article, right. A. The last paragraph? Q. Right. Which explains, "This isn't the first time that oxymorphone hydrochloride has been available in tablet form. Until it was taken off the market in the 1970s, it was available in 10-milligram tablets under	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	in your trade relationships that oxymorphone, in fact, had a history of abuse in the 1960s and '70s, right? MS. VANNI: Objection. THE WITNESS: We were stocking an FDA-approved product. The FDA approved a product, and what and what the goal was, was to make sure that the product was stocked. That was, while an important aspect of the product launch, it was not a significant activity for myself. It was basically in the hands of three national account executives who reported to me at the time. And that was our only involvement with oxymorphone. BY MS. SCULLION:
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	of abuse in the 1960s and '70s under the name Blues? MS. VANNI: Object to form. THE WITNESS: I was not aware of that. I've never heard of that before. BY MS. SCULLION: Q. Okay. And just, again, to draw your attention in Exhibit 24 to the last paragraph of the article. A. Oh, 24. That's this one? Q. That's the article, right. A. The last paragraph? Q. Right. Which explains, "This isn't the first time that oxymorphone hydrochloride has been available in tablet form. Until it was taken off the market in the 1970s, it was available in 10-milligram tablets under the brand name Numorphan."	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	in your trade relationships that oxymorphone, in fact, had a history of abuse in the 1960s and '70s, right? MS. VANNI: Objection. THE WITNESS: We were stocking an FDA-approved product. The FDA approved a product, and what and what the goal was, was to make sure that the product was stocked. That was, while an important aspect of the product launch, it was not a significant activity for myself. It was basically in the hands of three national account executives who reported to me at the time. And that was our only involvement with oxymorphone. BY MS. SCULLION: Q. Understood. The question is
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	of abuse in the 1960s and '70s under the name Blues? MS. VANNI: Object to form. THE WITNESS: I was not aware of that. I've never heard of that before. BY MS. SCULLION: Q. Okay. And just, again, to draw your attention in Exhibit 24 to the last paragraph of the article. A. Oh, 24. That's this one? Q. That's the article, right. A. The last paragraph? Q. Right. Which explains, "This isn't the first time that oxymorphone hydrochloride has been available in tablet form. Until it was taken off the market in the 1970s, it was available in 10-milligram tablets under	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	in your trade relationships that oxymorphone, in fact, had a history of abuse in the 1960s and '70s, right? MS. VANNI: Objection. THE WITNESS: We were stocking an FDA-approved product. The FDA approved a product, and what and what the goal was, was to make sure that the product was stocked. That was, while an important aspect of the product launch, it was not a significant activity for myself. It was basically in the hands of three national account executives who reported to me at the time. And that was our only involvement with oxymorphone. BY MS. SCULLION: Q. Understood. The question is just, factually, I assume from your prior
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	of abuse in the 1960s and '70s under the name Blues? MS. VANNI: Object to form. THE WITNESS: I was not aware of that. I've never heard of that before. BY MS. SCULLION: Q. Okay. And just, again, to draw your attention in Exhibit 24 to the last paragraph of the article. A. Oh, 24. That's this one? Q. That's the article, right. A. The last paragraph? Q. Right. Which explains, "This isn't the first time that oxymorphone hydrochloride has been available in tablet form. Until it was taken off the market in the 1970s, it was available in 10-milligram tablets under the brand name Numorphan." Did I read that correctly? A. Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	in your trade relationships that oxymorphone, in fact, had a history of abuse in the 1960s and '70s, right? MS. VANNI: Objection. THE WITNESS: We were stocking an FDA-approved product. The FDA approved a product, and what and what the goal was, was to make sure that the product was stocked. That was, while an important aspect of the product launch, it was not a significant activity for myself. It was basically in the hands of three national account executives who reported to me at the time. And that was our only involvement with oxymorphone. BY MS. SCULLION: Q. Understood. The question is
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	of abuse in the 1960s and '70s under the name Blues? MS. VANNI: Object to form. THE WITNESS: I was not aware of that. I've never heard of that before. BY MS. SCULLION: Q. Okay. And just, again, to draw your attention in Exhibit 24 to the last paragraph of the article. A. Oh, 24. That's this one? Q. That's the article, right. A. The last paragraph? Q. Right. Which explains, "This isn't the first time that oxymorphone hydrochloride has been available in tablet form. Until it was taken off the market in the 1970s, it was available in 10-milligram tablets under the brand name Numorphan." Did I read that correctly?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	in your trade relationships that oxymorphone, in fact, had a history of abuse in the 1960s and '70s, right? MS. VANNI: Objection. THE WITNESS: We were stocking an FDA-approved product. The FDA approved a product, and what and what the goal was, was to make sure that the product was stocked. That was, while an important aspect of the product launch, it was not a significant activity for myself. It was basically in the hands of three national account executives who reported to me at the time. And that was our only involvement with oxymorphone. BY MS. SCULLION: Q. Understood. The question is just, factually, I assume from your prior
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	of abuse in the 1960s and '70s under the name Blues? MS. VANNI: Object to form. THE WITNESS: I was not aware of that. I've never heard of that before. BY MS. SCULLION: Q. Okay. And just, again, to draw your attention in Exhibit 24 to the last paragraph of the article. A. Oh, 24. That's this one? Q. That's the article, right. A. The last paragraph? Q. Right. Which explains, "This isn't the first time that oxymorphone hydrochloride has been available in tablet form. Until it was taken off the market in the 1970s, it was available in 10-milligram tablets under the brand name Numorphan." Did I read that correctly? A. Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	in your trade relationships that oxymorphone, in fact, had a history of abuse in the 1960s and '70s, right? MS. VANNI: Objection. THE WITNESS: We were stocking an FDA-approved product. The FDA approved a product, and what and what the goal was, was to make sure that the product was stocked. That was, while an important aspect of the product launch, it was not a significant activity for myself. It was basically in the hands of three national account executives who reported to me at the time. And that was our only involvement with oxymorphone. BY MS. SCULLION: Q. Understood. The question is just, factually, I assume from your prior answers that it's fair to say that when

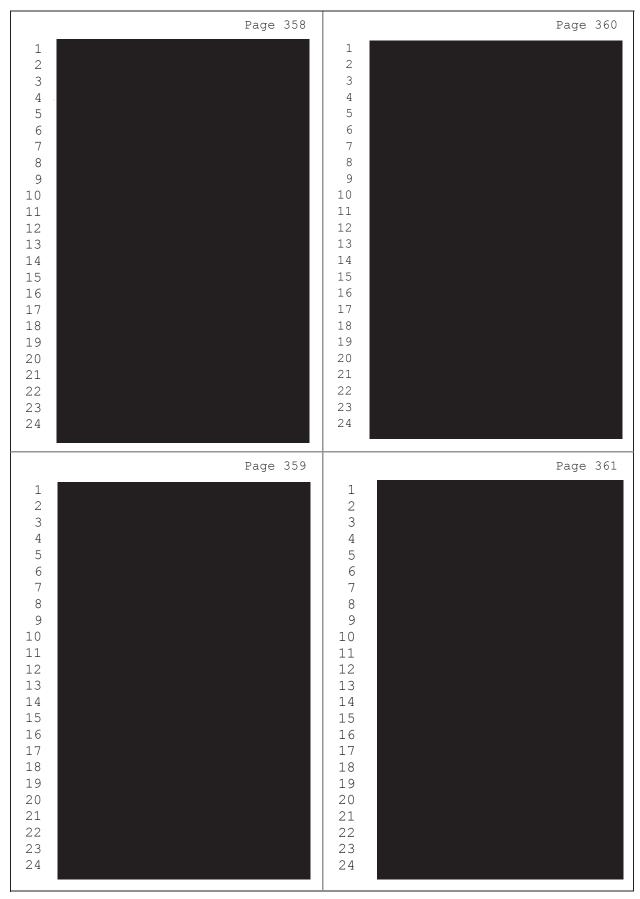


88 (Pages 346 to 349)

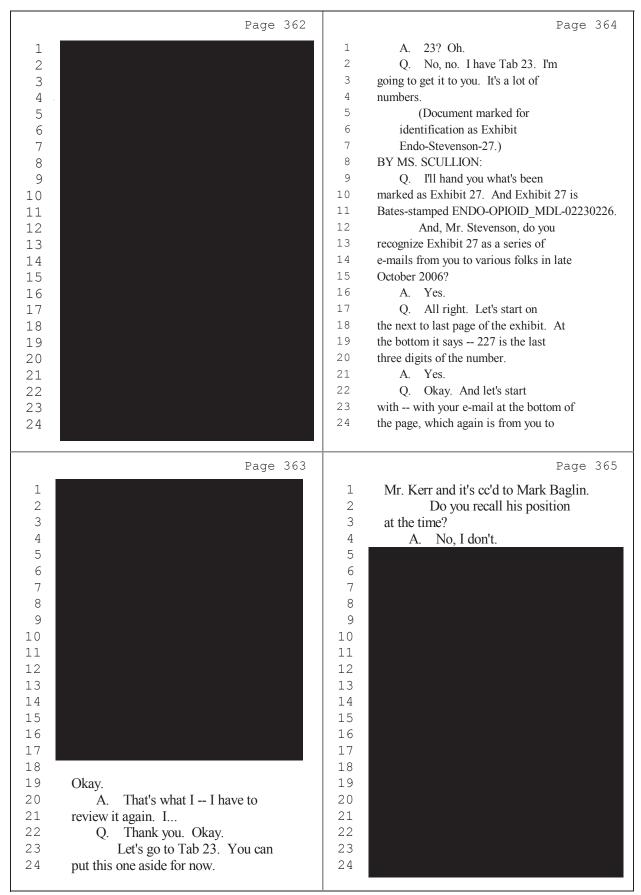




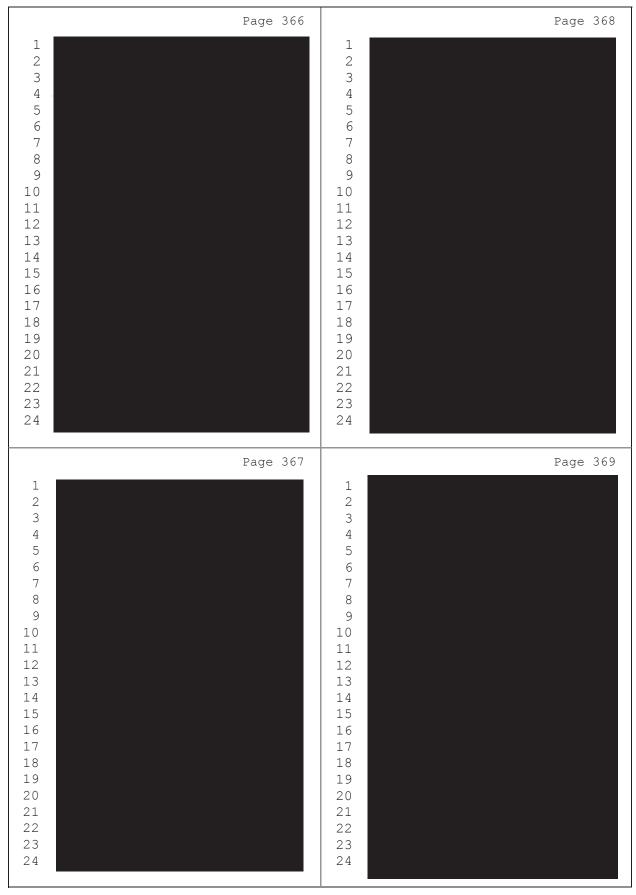
90 (Pages 354 to 357)



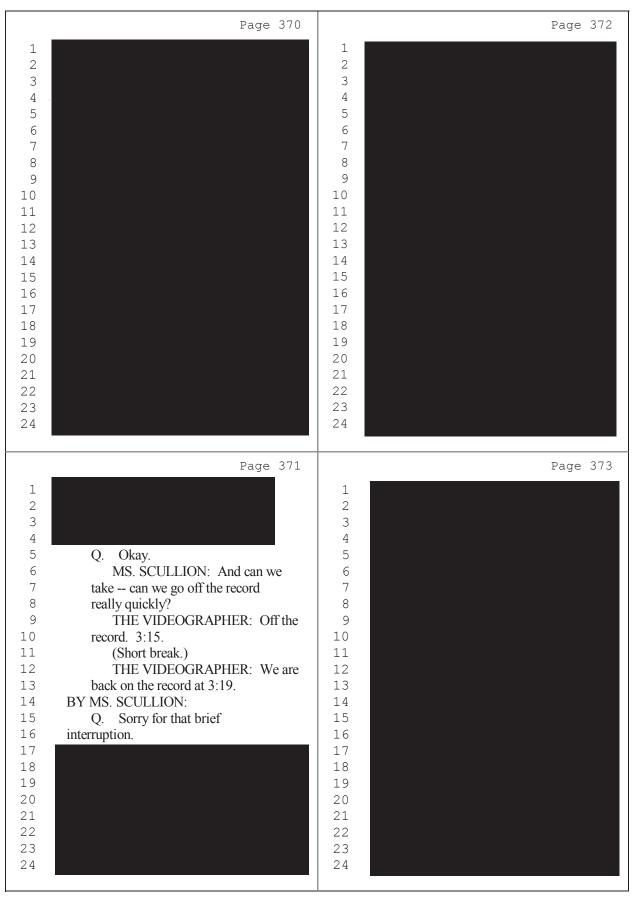
91 (Pages 358 to 361)



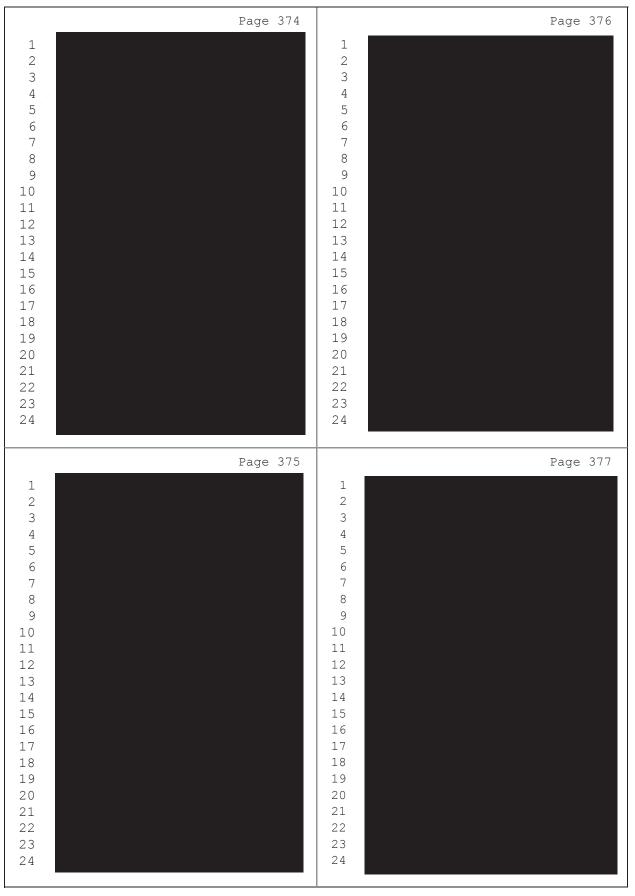
92 (Pages 362 to 365)



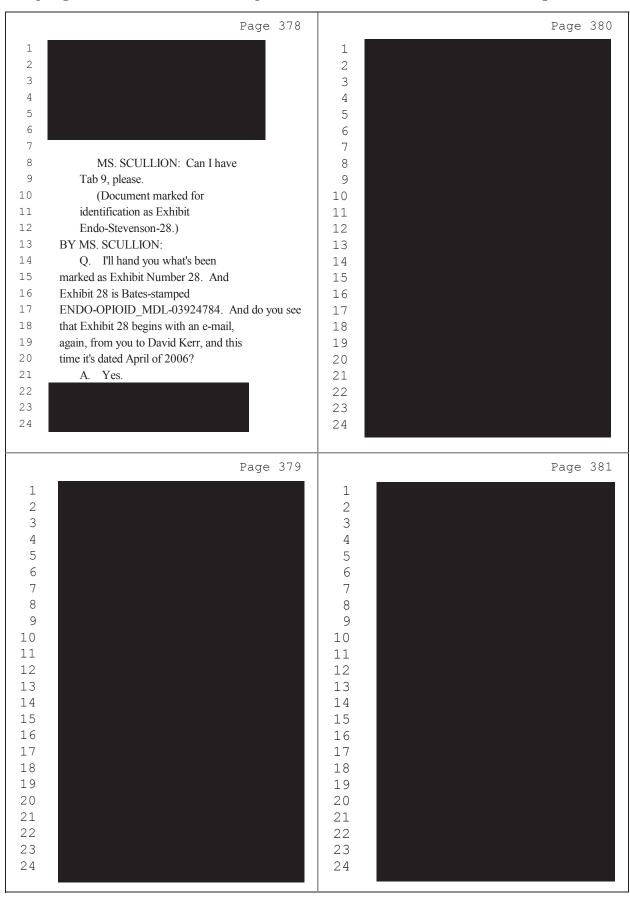
93 (Pages 366 to 369)



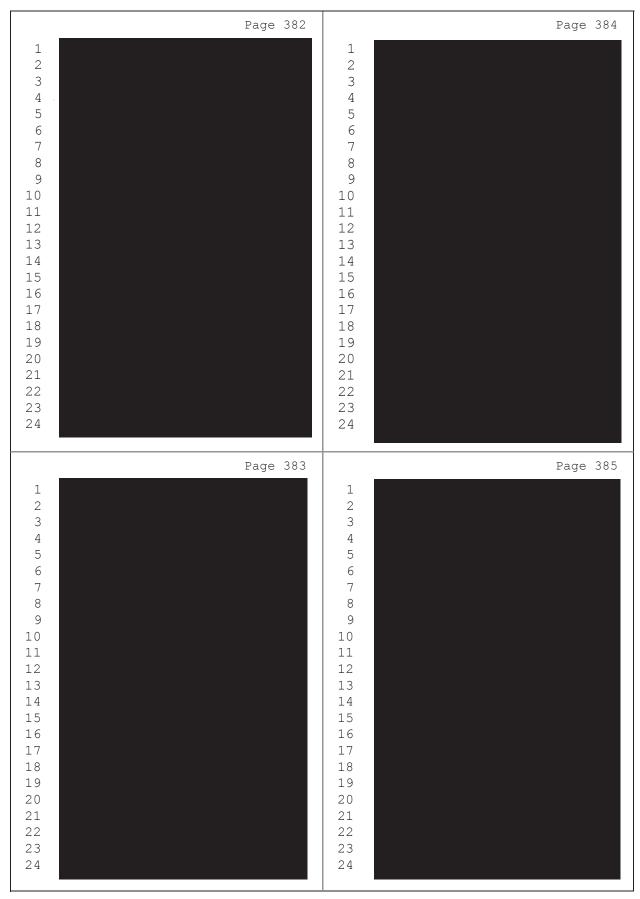
94 (Pages 370 to 373)



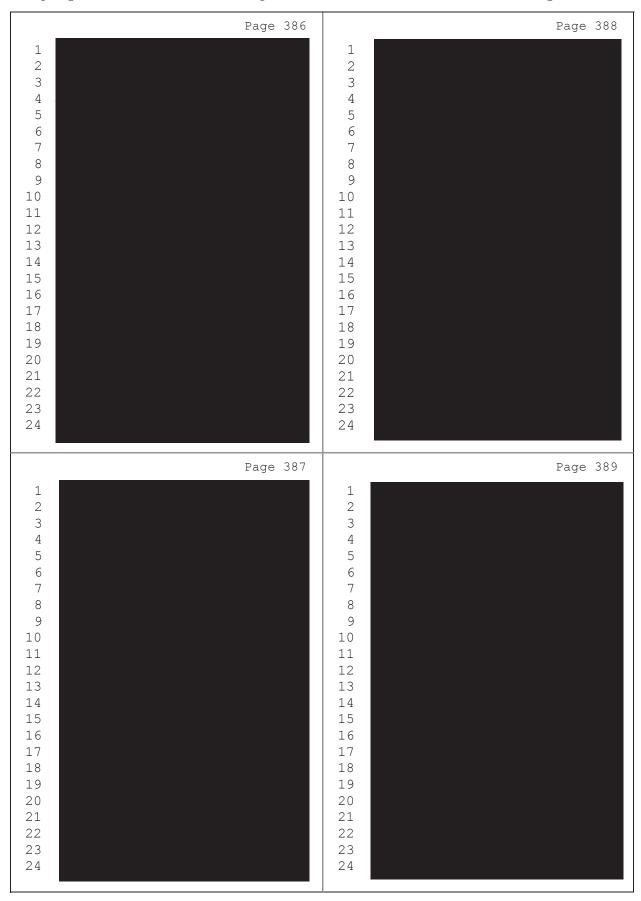
95 (Pages 374 to 377)



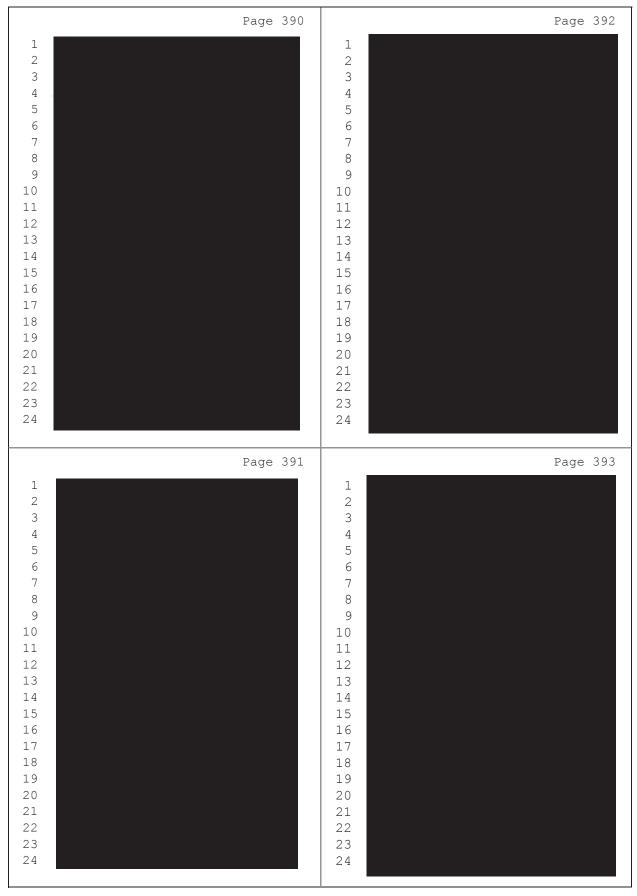
96 (Pages 378 to 381)



97 (Pages 382 to 385)

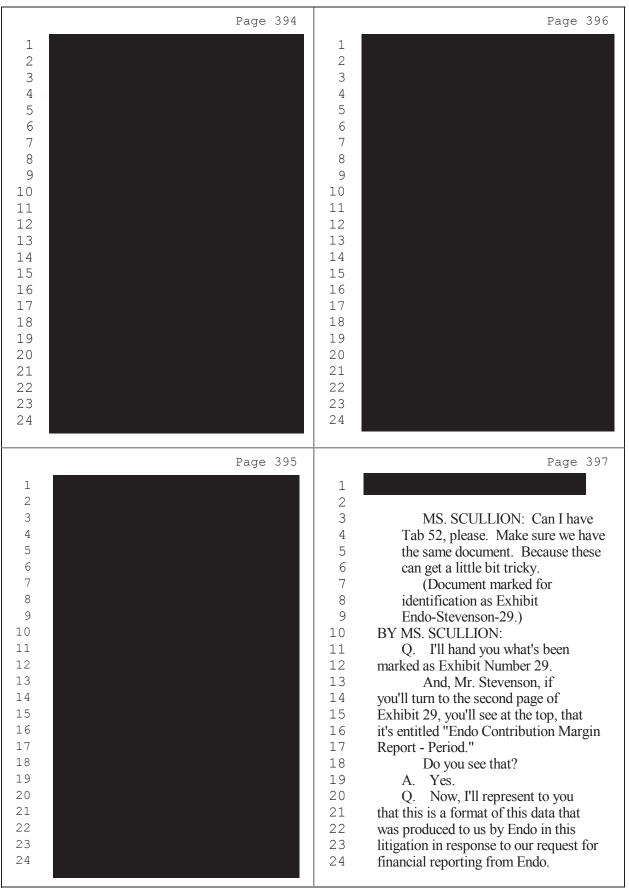


98 (Pages 386 to 389)



99 (Pages 390 to 393)

Highly Confidential - Subject to Further Confidentiality Review

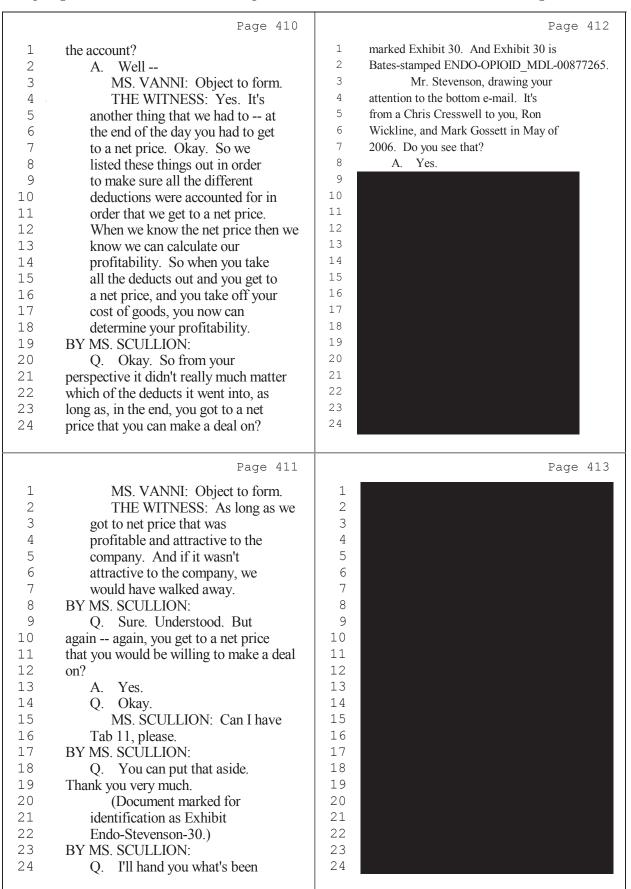


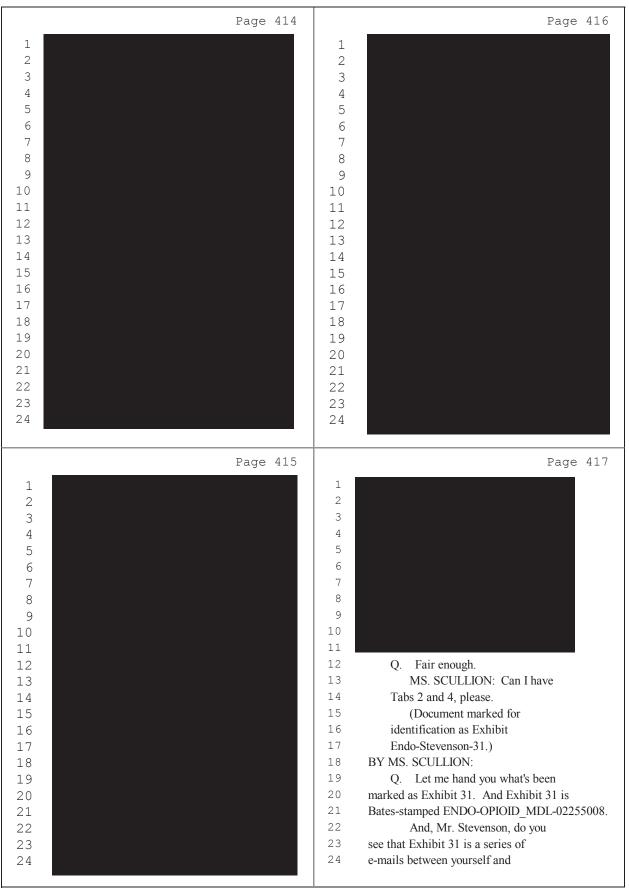
100 (Pages 394 to 397)

	Page 398		Page 400
1	And I just want to draw your	1	was their contract price. And so if the
2	attention to this first page. You'll see	2	WAC was \$80, and the contract price was
3	on the product line, indicates that	3	\$40. There would be a \$40 chargeback
4 .	it's Endocet is the product, right?	4	submitted to Endo to for the number
5	A. Yes.	5	for the number of bottles sold sold to
6	Q. Okay. And then we see a	6	that contract number.
7	number of lines in the chart. It starts	7	Q. Okay. Again, let me see if
8	with the gross revenues and then goes	8	I can just break that down to make sure I
9	through a number of the line items that	9	actually understand how that all worked,
10	we discussed when we were looking at the	10	because it was a lot. It was very
11	McKesson summary.	11	helpful. But so, again, the WAC is the
12		12	wholesale acquisition cost, right?
13	Do you see that? A. Yes.	13	A. Yes.
14	Q. But there's there's a new	14	Q. And that's the price across
15	line item in here that we haven't	15	the board, the same WAC across the board
16		16	
	discussed in detail yet. We referred to	17	that Endo sets for a product, right?
17	it earlier. That's the chargebacks. Do		A. Yes.
18	you see that the fourth line down under	18	Q. Okay. And then the contract
19	revenue?	19	price you referred to, in the context of
20	A. Yes.	20	a product like Endocet, would that be the
21	Q. It says chargebacks. Can	21	contract between Endo and let's start
22	you explain what chargebacks were in this	22	with the retail pharmacy chain?
23	context for context for Endocet?	23	A. It wouldn't be to the retail
24	A. Well, it's the same concept	24	pharmacy chain. It would be to the
	Page 399		Page 401
1	_	1	_
1 2	for any product, whether it's an opioid	1 2	wholesaler. The chargeback goes to the
2	for any product, whether it's an opioid or not. It's the difference between the	2	wholesaler. The chargeback goes to the wholesaler, not to the
2	for any product, whether it's an opioid or not. It's the difference between the WAC, the wholesale acquisition cost, and	2 3	wholesaler. The chargeback goes to the wholesaler, not to the Q. The contract price is the
2 3 4	for any product, whether it's an opioid or not. It's the difference between the WAC, the wholesale acquisition cost, and the contract price	2 3 4	wholesaler. The chargeback goes to the wholesaler, not to the Q. The contract price is the price that the wholesaler has contracted
2 3 4 5	for any product, whether it's an opioid or not. It's the difference between the WAC, the wholesale acquisition cost, and the contract price Q. Okay.	2 3 4 5	wholesaler. The chargeback goes to the wholesaler, not to the Q. The contract price is the price that the wholesaler has contracted for?
2 3 4 5 6	for any product, whether it's an opioid or not. It's the difference between the WAC, the wholesale acquisition cost, and the contract price Q. Okay. A for the number of bottles	2 3 4 5 6	wholesaler. The chargeback goes to the wholesaler, not to the Q. The contract price is the price that the wholesaler has contracted for? A. No. No. It's the price
2 3 4 5 6 7	for any product, whether it's an opioid or not. It's the difference between the WAC, the wholesale acquisition cost, and the contract price Q. Okay. A for the number of bottles sold through their whatever the	2 3 4 5 6 7	wholesaler. The chargeback goes to the wholesaler, not to the Q. The contract price is the price that the wholesaler has contracted for? A. No. No. It's the price that Endo has with the respective chain
2 3 4 5 6 7 8	for any product, whether it's an opioid or not. It's the difference between the WAC, the wholesale acquisition cost, and the contract price Q. Okay. A for the number of bottles sold through their whatever the respective wholesaler's program was to	2 3 4 5 6 7 8	wholesaler. The chargeback goes to the wholesaler, not to the Q. The contract price is the price that the wholesaler has contracted for? A. No. No. It's the price that Endo has with the respective chain or wholesaler program.
2 3 4 5 6 7 8 9	for any product, whether it's an opioid or not. It's the difference between the WAC, the wholesale acquisition cost, and the contract price Q. Okay. A for the number of bottles sold through their whatever the respective wholesaler's program was to the independent pharmacists.	2 3 4 5 6 7 8	wholesaler. The chargeback goes to the wholesaler, not to the Q. The contract price is the price that the wholesaler has contracted for? A. No. No. It's the price that Endo has with the respective chain or wholesaler program. Q. Okay.
2 3 4 5 6 7 8 9	for any product, whether it's an opioid or not. It's the difference between the WAC, the wholesale acquisition cost, and the contract price Q. Okay. A for the number of bottles sold through their whatever the respective wholesaler's program was to the independent pharmacists. Q. Okay.	2 3 4 5 6 7 8 9	wholesaler. The chargeback goes to the wholesaler, not to the Q. The contract price is the price that the wholesaler has contracted for? A. No. No. It's the price that Endo has with the respective chain or wholesaler program. Q. Okay. A. So McKesson had One Stop, or
2 3 4 5 6 7 8 9 10	for any product, whether it's an opioid or not. It's the difference between the WAC, the wholesale acquisition cost, and the contract price Q. Okay. A for the number of bottles sold through their whatever the respective wholesaler's program was to the independent pharmacists. Q. Okay. A. Or whatever not only I	2 3 4 5 6 7 8 9 10	wholesaler. The chargeback goes to the wholesaler, not to the Q. The contract price is the price that the wholesaler has contracted for? A. No. No. It's the price that Endo has with the respective chain or wholesaler program. Q. Okay. A. So McKesson had One Stop, or whatever it was called in those days.
2 3 4 5 6 7 8 9 10 11 12	for any product, whether it's an opioid or not. It's the difference between the WAC, the wholesale acquisition cost, and the contract price Q. Okay. A for the number of bottles sold through their whatever the respective wholesaler's program was to the independent pharmacists. Q. Okay. A. Or whatever not only I shouldn't say independent pharmacists.	2 3 4 5 6 7 8 9 10 11 12	wholesaler. The chargeback goes to the wholesaler, not to the Q. The contract price is the price that the wholesaler has contracted for? A. No. No. It's the price that Endo has with the respective chain or wholesaler program. Q. Okay. A. So McKesson had One Stop, or whatever it was called in those days. ABC had a different program. Cardinal
2 3 4 5 6 7 8 9 10 11 12 13	for any product, whether it's an opioid or not. It's the difference between the WAC, the wholesale acquisition cost, and the contract price Q. Okay. A for the number of bottles sold through their whatever the respective wholesaler's program was to the independent pharmacists. Q. Okay. A. Or whatever not only I shouldn't say independent pharmacists. Whatever whoever they sold out to, if	2 3 4 5 6 7 8 9 10 11 12 13	wholesaler. The chargeback goes to the wholesaler, not to the Q. The contract price is the price that the wholesaler has contracted for? A. No. No. It's the price that Endo has with the respective chain or wholesaler program. Q. Okay. A. So McKesson had One Stop, or whatever it was called in those days. ABC had a different program. Cardinal had I forget, Generic Alliance. I
2 3 4 5 6 7 8 9 10 11 12 13 14	for any product, whether it's an opioid or not. It's the difference between the WAC, the wholesale acquisition cost, and the contract price Q. Okay. A for the number of bottles sold through their whatever the respective wholesaler's program was to the independent pharmacists. Q. Okay. A. Or whatever not only I shouldn't say independent pharmacists. Whatever whoever they sold out to, if the contract was loaded, there was a	2 3 4 5 6 7 8 9 10 11 12 13 14	wholesaler. The chargeback goes to the wholesaler, not to the Q. The contract price is the price that the wholesaler has contracted for? A. No. No. It's the price that Endo has with the respective chain or wholesaler program. Q. Okay. A. So McKesson had One Stop, or whatever it was called in those days. ABC had a different program. Cardinal had I forget, Generic Alliance. I forget all the names now.
2 3 4 5 6 7 8 9 10 11 12 13 14 15	for any product, whether it's an opioid or not. It's the difference between the WAC, the wholesale acquisition cost, and the contract price Q. Okay. A for the number of bottles sold through their whatever the respective wholesaler's program was to the independent pharmacists. Q. Okay. A. Or whatever not only I shouldn't say independent pharmacists. Whatever whoever they sold out to, if the contract was loaded, there was a contract price. The WAC was the WAC.	2 3 4 5 6 7 8 9 10 11 12 13 14 15	wholesaler. The chargeback goes to the wholesaler, not to the Q. The contract price is the price that the wholesaler has contracted for? A. No. No. It's the price that Endo has with the respective chain or wholesaler program. Q. Okay. A. So McKesson had One Stop, or whatever it was called in those days. ABC had a different program. Cardinal had I forget, Generic Alliance. I forget all the names now. And they if a contract
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	for any product, whether it's an opioid or not. It's the difference between the WAC, the wholesale acquisition cost, and the contract price Q. Okay. A for the number of bottles sold through their whatever the respective wholesaler's program was to the independent pharmacists. Q. Okay. A. Or whatever not only I shouldn't say independent pharmacists. Whatever whoever they sold out to, if the contract was loaded, there was a contract price. The WAC was the WAC. And the respective contract price was	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	wholesaler. The chargeback goes to the wholesaler, not to the Q. The contract price is the price that the wholesaler has contracted for? A. No. No. It's the price that Endo has with the respective chain or wholesaler program. Q. Okay. A. So McKesson had One Stop, or whatever it was called in those days. ABC had a different program. Cardinal had I forget, Generic Alliance. I forget all the names now. And they if a contract was loaded for those programs, it was
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	for any product, whether it's an opioid or not. It's the difference between the WAC, the wholesale acquisition cost, and the contract price Q. Okay. A for the number of bottles sold through their whatever the respective wholesaler's program was to the independent pharmacists. Q. Okay. A. Or whatever not only I shouldn't say independent pharmacists. Whatever whoever they sold out to, if the contract was loaded, there was a contract price. The WAC was the WAC. And the respective contract price was whatever the respective contract price	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	wholesaler. The chargeback goes to the wholesaler, not to the Q. The contract price is the price that the wholesaler has contracted for? A. No. No. It's the price that Endo has with the respective chain or wholesaler program. Q. Okay. A. So McKesson had One Stop, or whatever it was called in those days. ABC had a different program. Cardinal had I forget, Generic Alliance. I forget all the names now. And they if a contract was loaded for those programs, it was given a unique number. And its price was
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	for any product, whether it's an opioid or not. It's the difference between the WAC, the wholesale acquisition cost, and the contract price Q. Okay. A for the number of bottles sold through their whatever the respective wholesaler's program was to the independent pharmacists. Q. Okay. A. Or whatever not only I shouldn't say independent pharmacists. Whatever whoever they sold out to, if the contract was loaded, there was a contract price. The WAC was the WAC. And the respective contract price was whatever the respective contract price was for Contract 1, 2, 3, 4, 5. And then	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	wholesaler. The chargeback goes to the wholesaler, not to the Q. The contract price is the price that the wholesaler has contracted for? A. No. No. It's the price that Endo has with the respective chain or wholesaler program. Q. Okay. A. So McKesson had One Stop, or whatever it was called in those days. ABC had a different program. Cardinal had I forget, Generic Alliance. I forget all the names now. And they if a contract was loaded for those programs, it was given a unique number. And its price was loaded. The wholesaler bought it at WAC.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	for any product, whether it's an opioid or not. It's the difference between the WAC, the wholesale acquisition cost, and the contract price Q. Okay. A for the number of bottles sold through their whatever the respective wholesaler's program was to the independent pharmacists. Q. Okay. A. Or whatever not only I shouldn't say independent pharmacists. Whatever whoever they sold out to, if the contract was loaded, there was a contract price. The WAC was the WAC. And the respective contract price was whatever the respective contract price was for Contract 1, 2, 3, 4, 5. And then there was another another pharmacy	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	wholesaler. The chargeback goes to the wholesaler, not to the Q. The contract price is the price that the wholesaler has contracted for? A. No. No. It's the price that Endo has with the respective chain or wholesaler program. Q. Okay. A. So McKesson had One Stop, or whatever it was called in those days. ABC had a different program. Cardinal had I forget, Generic Alliance. I forget all the names now. And they if a contract was loaded for those programs, it was given a unique number. And its price was loaded. The wholesaler bought it at WAC. And they sent you a chargeback for the
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	for any product, whether it's an opioid or not. It's the difference between the WAC, the wholesale acquisition cost, and the contract price Q. Okay. A for the number of bottles sold through their whatever the respective wholesaler's program was to the independent pharmacists. Q. Okay. A. Or whatever not only I shouldn't say independent pharmacists. Whatever whoever they sold out to, if the contract was loaded, there was a contract price. The WAC was the WAC. And the respective contract price was whatever the respective contract price was for Contract 1, 2, 3, 4, 5. And then there was another another pharmacy chain or whatever might have been	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	wholesaler. The chargeback goes to the wholesaler, not to the Q. The contract price is the price that the wholesaler has contracted for? A. No. No. It's the price that Endo has with the respective chain or wholesaler program. Q. Okay. A. So McKesson had One Stop, or whatever it was called in those days. ABC had a different program. Cardinal had I forget, Generic Alliance. I forget all the names now. And they if a contract was loaded for those programs, it was given a unique number. And its price was loaded. The wholesaler bought it at WAC. And they sent you a chargeback for the number of bottles sold
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	for any product, whether it's an opioid or not. It's the difference between the WAC, the wholesale acquisition cost, and the contract price Q. Okay. A for the number of bottles sold through their whatever the respective wholesaler's program was to the independent pharmacists. Q. Okay. A. Or whatever not only I shouldn't say independent pharmacists. Whatever whoever they sold out to, if the contract was loaded, there was a contract price. The WAC was the WAC. And the respective contract price was whatever the respective contract price was for Contract 1, 2, 3, 4, 5. And then there was another another pharmacy chain or whatever might have been Contract 1, 2, 3, 4, 5, 6, however it was	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	wholesaler. The chargeback goes to the wholesaler, not to the Q. The contract price is the price that the wholesaler has contracted for? A. No. No. It's the price that Endo has with the respective chain or wholesaler program. Q. Okay. A. So McKesson had One Stop, or whatever it was called in those days. ABC had a different program. Cardinal had I forget, Generic Alliance. I forget all the names now. And they if a contract was loaded for those programs, it was given a unique number. And its price was loaded. The wholesaler bought it at WAC. And they sent you a chargeback for the number of bottles sold Q. Through that program?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	for any product, whether it's an opioid or not. It's the difference between the WAC, the wholesale acquisition cost, and the contract price Q. Okay. A for the number of bottles sold through their whatever the respective wholesaler's program was to the independent pharmacists. Q. Okay. A. Or whatever not only I shouldn't say independent pharmacists. Whatever whoever they sold out to, if the contract was loaded, there was a contract price. The WAC was the WAC. And the respective contract price was whatever the respective contract price was for Contract 1, 2, 3, 4, 5. And then there was another another pharmacy chain or whatever might have been Contract 1, 2, 3, 4, 5, 6, however it was numbered.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	wholesaler. The chargeback goes to the wholesaler, not to the Q. The contract price is the price that the wholesaler has contracted for? A. No. No. It's the price that Endo has with the respective chain or wholesaler program. Q. Okay. A. So McKesson had One Stop, or whatever it was called in those days. ABC had a different program. Cardinal had I forget, Generic Alliance. I forget all the names now. And they if a contract was loaded for those programs, it was given a unique number. And its price was loaded. The wholesaler bought it at WAC. And they sent you a chargeback for the number of bottles sold Q. Through that program? A through that program
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	for any product, whether it's an opioid or not. It's the difference between the WAC, the wholesale acquisition cost, and the contract price Q. Okay. A for the number of bottles sold through their whatever the respective wholesaler's program was to the independent pharmacists. Q. Okay. A. Or whatever not only I shouldn't say independent pharmacists. Whatever whoever they sold out to, if the contract was loaded, there was a contract price. The WAC was the WAC. And the respective contract price was whatever the respective contract price was for Contract 1, 2, 3, 4, 5. And then there was another another pharmacy chain or whatever might have been Contract 1, 2, 3, 4, 5, 6, however it was numbered. And every every	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	wholesaler. The chargeback goes to the wholesaler, not to the Q. The contract price is the price that the wholesaler has contracted for? A. No. No. It's the price that Endo has with the respective chain or wholesaler program. Q. Okay. A. So McKesson had One Stop, or whatever it was called in those days. ABC had a different program. Cardinal had I forget, Generic Alliance. I forget all the names now. And they if a contract was loaded for those programs, it was given a unique number. And its price was loaded. The wholesaler bought it at WAC. And they sent you a chargeback for the number of bottles sold Q. Through that program? A through that program based on what the WAC price was minus
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	for any product, whether it's an opioid or not. It's the difference between the WAC, the wholesale acquisition cost, and the contract price Q. Okay. A for the number of bottles sold through their whatever the respective wholesaler's program was to the independent pharmacists. Q. Okay. A. Or whatever not only I shouldn't say independent pharmacists. Whatever whoever they sold out to, if the contract was loaded, there was a contract price. The WAC was the WAC. And the respective contract price was whatever the respective contract price was for Contract 1, 2, 3, 4, 5. And then there was another another pharmacy chain or whatever might have been Contract 1, 2, 3, 4, 5, 6, however it was numbered.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	wholesaler. The chargeback goes to the wholesaler, not to the Q. The contract price is the price that the wholesaler has contracted for? A. No. No. It's the price that Endo has with the respective chain or wholesaler program. Q. Okay. A. So McKesson had One Stop, or whatever it was called in those days. ABC had a different program. Cardinal had I forget, Generic Alliance. I forget all the names now. And they if a contract was loaded for those programs, it was given a unique number. And its price was loaded. The wholesaler bought it at WAC. And they sent you a chargeback for the number of bottles sold Q. Through that program? A through that program

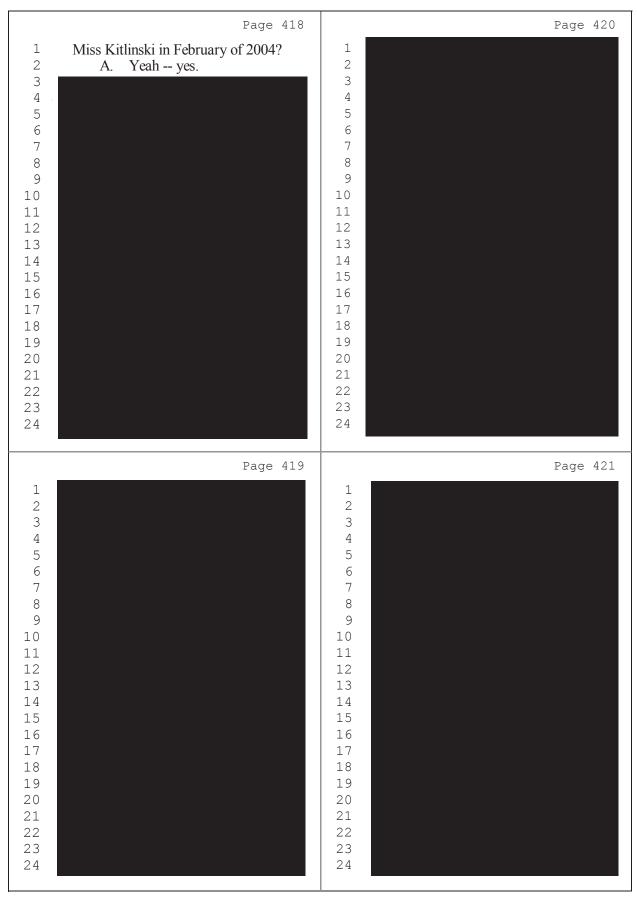
	Page 402		Page 404
1	the chargeback.	1	which is a shelf stock.
2	Q. Okay. And when they were	2	So the price declines in the
3	calculating the chargeback, that had to	3	market, and they have 100 bottles
4 .	be based on that wholesaler's sales	4	on the shelf, they want to have
5	through that particular program under	5	the bottles on the shelf be the
6	that contract price, right?	6	same price as their new price.
7	A. Number.	7	Okay. And as a result of
8	Q. Okay. And did Endo get data	8	that you would get a claim for
9	telling it how those chargebacks were	9	that, and they would say, "We had
10	calculated? In other words, to see which	10	900 bottles on the shelf when the
11	sales through the program justified the	11	price change went into affect."
12	chargeback that the wholesaler was asking	12	And if it's a direct account, you
13	for?	13	can validate that because you know
14	MS. VANNI: Object to form.	14	from what you shipped them.
15	THE WITNESS: Endo got	15	So if it's a chain with a
16	chargeback data that was	16	vault, you can validate that. If
17	primarily matter of fact, as	17	it's a chain or customer without a
18	far as I know, exclusively used	18	vault and they make that claim, to
19	for financial verification.	19	pass an audit which is always
20	That's who that's what	20	important to do, and verify that
21	chargeback data was for, to	21	the claim was a legitimate claim,
22	validate claims.	22	finance would use chargeback data
23	BY MS. SCULLION:	23	to validate the claim.
24	Q. Right. And let me make	24	BY MS. SCULLION:
	Page 403		Dama 405
			Page 405 I
1		1	Page 405
1	sure. The chargeback data that Endo got,	1	Q. Okay. Thank you. If you
2	sure. The chargeback data that Endo got, it wouldn't just be a summary of the	2	Q. Okay. Thank you. If you can turn a few pages back let's see.
2 3	sure. The chargeback data that Endo got, it wouldn't just be a summary of the chargeback. It would be actually, like	2 3	Q. Okay. Thank you. If you can turn a few pages back let's see. One, two, three, four, five, six, seven.
2 3 4	sure. The chargeback data that Endo got, it wouldn't just be a summary of the chargeback. It would be actually, like you said, a validation of all the sales	2 3 4	Q. Okay. Thank you. If you can turn a few pages back let's see. One, two, three, four, five, six, seven. There's a page that lists the product at
2 3 4 5	sure. The chargeback data that Endo got, it wouldn't just be a summary of the chargeback. It would be actually, like you said, a validation of all the sales from the wholesaler out that justified	2 3 4 5	Q. Okay. Thank you. If you can turn a few pages back let's see. One, two, three, four, five, six, seven. There's a page that lists the product at the top at Numorphan.
2 3 4 5 6	sure. The chargeback data that Endo got, it wouldn't just be a summary of the chargeback. It would be actually, like you said, a validation of all the sales from the wholesaler out that justified that chargeback?	2 3 4 5 6	Q. Okay. Thank you. If you can turn a few pages back let's see. One, two, three, four, five, six, seven. There's a page that lists the product at the top at Numorphan. A. Numorphan, okay.
2 3 4 5 6 7	sure. The chargeback data that Endo got, it wouldn't just be a summary of the chargeback. It would be actually, like you said, a validation of all the sales from the wholesaler out that justified that chargeback? A. Yes.	2 3 4 5 6 7	Q. Okay. Thank you. If you can turn a few pages back let's see. One, two, three, four, five, six, seven. There's a page that lists the product at the top at Numorphan. A. Numorphan, okay. MS. VANNI: Sorry, Counsel,
2 3 4 5 6 7 8	sure. The chargeback data that Endo got, it wouldn't just be a summary of the chargeback. It would be actually, like you said, a validation of all the sales from the wholesaler out that justified that chargeback? A. Yes. Q. Okay. So would that be	2 3 4 5 6 7 8	Q. Okay. Thank you. If you can turn a few pages back let's see. One, two, three, four, five, six, seven. There's a page that lists the product at the top at Numorphan. A. Numorphan, okay. MS. VANNI: Sorry, Counsel, what page was that?
2 3 4 5 6 7 8 9	sure. The chargeback data that Endo got, it wouldn't just be a summary of the chargeback. It would be actually, like you said, a validation of all the sales from the wholesaler out that justified that chargeback? A. Yes. Q. Okay. So would that be another piece of data that Endo had about	2 3 4 5 6 7 8 9	Q. Okay. Thank you. If you can turn a few pages back let's see. One, two, three, four, five, six, seven. There's a page that lists the product at the top at Numorphan. A. Numorphan, okay. MS. VANNI: Sorry, Counsel, what page was that? MS. SCULLION: Well, it
2 3 4 5 6 7 8 9	sure. The chargeback data that Endo got, it wouldn't just be a summary of the chargeback. It would be actually, like you said, a validation of all the sales from the wholesaler out that justified that chargeback? A. Yes. Q. Okay. So would that be another piece of data that Endo had about its customers' customers?	2 3 4 5 6 7 8 9	Q. Okay. Thank you. If you can turn a few pages back let's see. One, two, three, four, five, six, seven. There's a page that lists the product at the top at Numorphan. A. Numorphan, okay. MS. VANNI: Sorry, Counsel, what page was that? MS. SCULLION: Well, it doesn't have page numbers.
2 3 4 5 6 7 8 9 10	sure. The chargeback data that Endo got, it wouldn't just be a summary of the chargeback. It would be actually, like you said, a validation of all the sales from the wholesaler out that justified that chargeback? A. Yes. Q. Okay. So would that be another piece of data that Endo had about its customers' customers? MS. VANNI: Object to form.	2 3 4 5 6 7 8 9 10	Q. Okay. Thank you. If you can turn a few pages back let's see. One, two, three, four, five, six, seven. There's a page that lists the product at the top at Numorphan. A. Numorphan, okay. MS. VANNI: Sorry, Counsel, what page was that? MS. SCULLION: Well, it doesn't have page numbers. THE WITNESS: You have to
2 3 4 5 6 7 8 9 10 11 12	sure. The chargeback data that Endo got, it wouldn't just be a summary of the chargeback. It would be actually, like you said, a validation of all the sales from the wholesaler out that justified that chargeback? A. Yes. Q. Okay. So would that be another piece of data that Endo had about its customers' customers? MS. VANNI: Object to form. THE WITNESS: Yes, it would	2 3 4 5 6 7 8 9 10 11 12	Q. Okay. Thank you. If you can turn a few pages back let's see. One, two, three, four, five, six, seven. There's a page that lists the product at the top at Numorphan. A. Numorphan, okay. MS. VANNI: Sorry, Counsel, what page was that? MS. SCULLION: Well, it doesn't have page numbers. THE WITNESS: You have to find it.
2 3 4 5 6 7 8 9 10 11 12 13	sure. The chargeback data that Endo got, it wouldn't just be a summary of the chargeback. It would be actually, like you said, a validation of all the sales from the wholesaler out that justified that chargeback? A. Yes. Q. Okay. So would that be another piece of data that Endo had about its customers' customers? MS. VANNI: Object to form. THE WITNESS: Yes, it would be another data point, yes.	2 3 4 5 6 7 8 9 10 11 12 13	Q. Okay. Thank you. If you can turn a few pages back let's see. One, two, three, four, five, six, seven. There's a page that lists the product at the top at Numorphan. A. Numorphan, okay. MS. VANNI: Sorry, Counsel, what page was that? MS. SCULLION: Well, it doesn't have page numbers. THE WITNESS: You have to find it. MS. SCULLION: It's about
2 3 4 5 6 7 8 9 10 11 12 13 14	sure. The chargeback data that Endo got, it wouldn't just be a summary of the chargeback. It would be actually, like you said, a validation of all the sales from the wholesaler out that justified that chargeback? A. Yes. Q. Okay. So would that be another piece of data that Endo had about its customers' customers? MS. VANNI: Object to form. THE WITNESS: Yes, it would be another data point, yes. BY MS. SCULLION:	2 3 4 5 6 7 8 9 10 11 12 13 14	Q. Okay. Thank you. If you can turn a few pages back let's see. One, two, three, four, five, six, seven. There's a page that lists the product at the top at Numorphan. A. Numorphan, okay. MS. VANNI: Sorry, Counsel, what page was that? MS. SCULLION: Well, it doesn't have page numbers. THE WITNESS: You have to find it. MS. SCULLION: It's about seven pages back.
2 3 4 5 6 7 8 9 10 11 12 13 14 15	sure. The chargeback data that Endo got, it wouldn't just be a summary of the chargeback. It would be actually, like you said, a validation of all the sales from the wholesaler out that justified that chargeback? A. Yes. Q. Okay. So would that be another piece of data that Endo had about its customers' customers? MS. VANNI: Object to form. THE WITNESS: Yes, it would be another data point, yes. BY MS. SCULLION: Q. Okay. And you said that was	2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q. Okay. Thank you. If you can turn a few pages back let's see. One, two, three, four, five, six, seven. There's a page that lists the product at the top at Numorphan. A. Numorphan, okay. MS. VANNI: Sorry, Counsel, what page was that? MS. SCULLION: Well, it doesn't have page numbers. THE WITNESS: You have to find it. MS. SCULLION: It's about seven pages back. THE WITNESS: Okay, yeah.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	sure. The chargeback data that Endo got, it wouldn't just be a summary of the chargeback. It would be actually, like you said, a validation of all the sales from the wholesaler out that justified that chargeback? A. Yes. Q. Okay. So would that be another piece of data that Endo had about its customers' customers? MS. VANNI: Object to form. THE WITNESS: Yes, it would be another data point, yes. BY MS. SCULLION: Q. Okay. And you said that was used in finance to verify the claims,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. Okay. Thank you. If you can turn a few pages back let's see. One, two, three, four, five, six, seven. There's a page that lists the product at the top at Numorphan. A. Numorphan, okay. MS. VANNI: Sorry, Counsel, what page was that? MS. SCULLION: Well, it doesn't have page numbers. THE WITNESS: You have to find it. MS. SCULLION: It's about seven pages back. THE WITNESS: Okay, yeah. MS. SCULLION: They are
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	sure. The chargeback data that Endo got, it wouldn't just be a summary of the chargeback. It would be actually, like you said, a validation of all the sales from the wholesaler out that justified that chargeback? A. Yes. Q. Okay. So would that be another piece of data that Endo had about its customers' customers? MS. VANNI: Object to form. THE WITNESS: Yes, it would be another data point, yes. BY MS. SCULLION: Q. Okay. And you said that was used in finance to verify the claims, right?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. Okay. Thank you. If you can turn a few pages back let's see. One, two, three, four, five, six, seven. There's a page that lists the product at the top at Numorphan. A. Numorphan, okay. MS. VANNI: Sorry, Counsel, what page was that? MS. SCULLION: Well, it doesn't have page numbers. THE WITNESS: You have to find it. MS. SCULLION: It's about seven pages back. THE WITNESS: Okay, yeah. MS. SCULLION: They are hopefully in alphabetical order.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	sure. The chargeback data that Endo got, it wouldn't just be a summary of the chargeback. It would be actually, like you said, a validation of all the sales from the wholesaler out that justified that chargeback? A. Yes. Q. Okay. So would that be another piece of data that Endo had about its customers' customers? MS. VANNI: Object to form. THE WITNESS: Yes, it would be another data point, yes. BY MS. SCULLION: Q. Okay. And you said that was used in finance to verify the claims, right? MS. VANNI: Objection.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. Okay. Thank you. If you can turn a few pages back let's see. One, two, three, four, five, six, seven. There's a page that lists the product at the top at Numorphan. A. Numorphan, okay. MS. VANNI: Sorry, Counsel, what page was that? MS. SCULLION: Well, it doesn't have page numbers. THE WITNESS: You have to find it. MS. SCULLION: It's about seven pages back. THE WITNESS: Okay, yeah. MS. SCULLION: They are hopefully in alphabetical order. THE WITNESS: It's there.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	sure. The chargeback data that Endo got, it wouldn't just be a summary of the chargeback. It would be actually, like you said, a validation of all the sales from the wholesaler out that justified that chargeback? A. Yes. Q. Okay. So would that be another piece of data that Endo had about its customers' customers? MS. VANNI: Object to form. THE WITNESS: Yes, it would be another data point, yes. BY MS. SCULLION: Q. Okay. And you said that was used in finance to verify the claims, right? MS. VANNI: Objection. THE WITNESS: It was	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	Q. Okay. Thank you. If you can turn a few pages back let's see. One, two, three, four, five, six, seven. There's a page that lists the product at the top at Numorphan. A. Numorphan, okay. MS. VANNI: Sorry, Counsel, what page was that? MS. SCULLION: Well, it doesn't have page numbers. THE WITNESS: You have to find it. MS. SCULLION: It's about seven pages back. THE WITNESS: Okay, yeah. MS. SCULLION: They are hopefully in alphabetical order. THE WITNESS: It's there. MS. VANNI: Gotcha.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	sure. The chargeback data that Endo got, it wouldn't just be a summary of the chargeback. It would be actually, like you said, a validation of all the sales from the wholesaler out that justified that chargeback? A. Yes. Q. Okay. So would that be another piece of data that Endo had about its customers' customers? MS. VANNI: Object to form. THE WITNESS: Yes, it would be another data point, yes. BY MS. SCULLION: Q. Okay. And you said that was used in finance to verify the claims, right? MS. VANNI: Objection. THE WITNESS: It was especially used to validate claims	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. Okay. Thank you. If you can turn a few pages back let's see. One, two, three, four, five, six, seven. There's a page that lists the product at the top at Numorphan. A. Numorphan, okay. MS. VANNI: Sorry, Counsel, what page was that? MS. SCULLION: Well, it doesn't have page numbers. THE WITNESS: You have to find it. MS. SCULLION: It's about seven pages back. THE WITNESS: Okay, yeah. MS. SCULLION: They are hopefully in alphabetical order. THE WITNESS: It's there.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	sure. The chargeback data that Endo got, it wouldn't just be a summary of the chargeback. It would be actually, like you said, a validation of all the sales from the wholesaler out that justified that chargeback? A. Yes. Q. Okay. So would that be another piece of data that Endo had about its customers' customers? MS. VANNI: Object to form. THE WITNESS: Yes, it would be another data point, yes. BY MS. SCULLION: Q. Okay. And you said that was used in finance to verify the claims, right? MS. VANNI: Objection. THE WITNESS: It was	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. Okay. Thank you. If you can turn a few pages back let's see. One, two, three, four, five, six, seven. There's a page that lists the product at the top at Numorphan. A. Numorphan, okay. MS. VANNI: Sorry, Counsel, what page was that? MS. SCULLION: Well, it doesn't have page numbers. THE WITNESS: You have to find it. MS. SCULLION: It's about seven pages back. THE WITNESS: Okay, yeah. MS. SCULLION: They are hopefully in alphabetical order. THE WITNESS: It's there. MS. VANNI: Gotcha.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	sure. The chargeback data that Endo got, it wouldn't just be a summary of the chargeback. It would be actually, like you said, a validation of all the sales from the wholesaler out that justified that chargeback? A. Yes. Q. Okay. So would that be another piece of data that Endo had about its customers' customers? MS. VANNI: Object to form. THE WITNESS: Yes, it would be another data point, yes. BY MS. SCULLION: Q. Okay. And you said that was used in finance to verify the claims, right? MS. VANNI: Objection. THE WITNESS: It was especially used to validate claims	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. Okay. Thank you. If you can turn a few pages back let's see. One, two, three, four, five, six, seven. There's a page that lists the product at the top at Numorphan. A. Numorphan, okay. MS. VANNI: Sorry, Counsel, what page was that? MS. SCULLION: Well, it doesn't have page numbers. THE WITNESS: You have to find it. MS. SCULLION: It's about seven pages back. THE WITNESS: Okay, yeah. MS. SCULLION: They are hopefully in alphabetical order. THE WITNESS: It's there. MS. VANNI: Gotcha. BY MS. SCULLION:
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	sure. The chargeback data that Endo got, it wouldn't just be a summary of the chargeback. It would be actually, like you said, a validation of all the sales from the wholesaler out that justified that chargeback? A. Yes. Q. Okay. So would that be another piece of data that Endo had about its customers' customers? MS. VANNI: Object to form. THE WITNESS: Yes, it would be another data point, yes. BY MS. SCULLION: Q. Okay. And you said that was used in finance to verify the claims, right? MS. VANNI: Objection. THE WITNESS: It was especially used to validate claims for customers' customers. So if	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. Okay. Thank you. If you can turn a few pages back let's see. One, two, three, four, five, six, seven. There's a page that lists the product at the top at Numorphan. A. Numorphan, okay. MS. VANNI: Sorry, Counsel, what page was that? MS. SCULLION: Well, it doesn't have page numbers. THE WITNESS: You have to find it. MS. SCULLION: It's about seven pages back. THE WITNESS: Okay, yeah. MS. SCULLION: They are hopefully in alphabetical order. THE WITNESS: It's there. MS. VANNI: Gotcha. BY MS. SCULLION: Q. Okay. You are on the on
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	sure. The chargeback data that Endo got, it wouldn't just be a summary of the chargeback. It would be actually, like you said, a validation of all the sales from the wholesaler out that justified that chargeback? A. Yes. Q. Okay. So would that be another piece of data that Endo had about its customers' customers? MS. VANNI: Object to form. THE WITNESS: Yes, it would be another data point, yes. BY MS. SCULLION: Q. Okay. And you said that was used in finance to verify the claims, right? MS. VANNI: Objection. THE WITNESS: It was especially used to validate claims for customers' customers. So if there was there's a line on	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Okay. Thank you. If you can turn a few pages back let's see. One, two, three, four, five, six, seven. There's a page that lists the product at the top at Numorphan. A. Numorphan, okay. MS. VANNI: Sorry, Counsel, what page was that? MS. SCULLION: Well, it doesn't have page numbers. THE WITNESS: You have to find it. MS. SCULLION: It's about seven pages back. THE WITNESS: Okay, yeah. MS. SCULLION: They are hopefully in alphabetical order. THE WITNESS: It's there. MS. VANNI: Gotcha. BY MS. SCULLION: Q. Okay. You are on the on the page that has the product listed as

	Page 406		Page 408
1	Q. Okay. And you see that for	1	Q. I will tell you in this set
2	this fiscal year, it's 2006, it does	2	it's the only oxycodone page there is.
3	indicate that year-to-date there were	3	So that's my understanding.
4 .	392,000, a little bit more, in sales of	4	A. Okay.
5	Numorphan during that year?	5	Q. Okay. So again, let's look
6	A. That's what it shows, yeah.	6	down the line for price sorry, for
7	Q. Okay. And again you recall	7	sales promotions. And you'll see, just
8	that we saw the name Numorphan come up in	8	for Period 1, 2.6 million, a little bit
9	the article about oxymorphone abuse,	9	more. Do you see that?
10	correct?	10	A. Yes.
11	MS. VANNI: Object to form.	11	Q. What was sales promotions?
12	THE WITNESS: Yes, I recall	12	A. I'm sure it was you know,
13	the article.	13	had to do with stocking.
14	BY MS. SCULLION:	14	Q. So that would be
15	Q. Okay. Do you have any	15	A. That's the only promotion
16	understanding about what Numorphan	16	that we would ever you know, they put
17	product is referred to in this	17	it into a convenient P&L line. But
18	contribution margin report?	18	that's only we didn't promote to
19	A. I have no idea.	19	doctors. So generics do not promote to
20	Q. Okay. Let's go turn	20	physicians, ever.
21	another page back and you'll see at the	21	Q. Just going down a few more
22	top, the product Opana ER.	22	lines. There's a reference to
23	A. I see Opana. Is there	23	distribution fees?
24	supposed to be an Opana ER?	24	A. Yes.
	Page 407		Page 409
1	Q. Yeah. If you go to the next	1	Q. And are are those the
2	Q. Yeah. If you go to the next page, you'll see an Opana ER.	2	Q. And are are those the percentage fees under the distributor
2 3	Q. Yeah. If you go to the next page, you'll see an Opana ER. A. Okay.	2 3	Q. And are are those the percentage fees under the distributor distributor services agreement we talked
2 3 4	Q. Yeah. If you go to the next page, you'll see an Opana ER. A. Okay. Q. All right. And here it's	2 3 4	Q. And are are those the percentage fees under the distributor distributor services agreement we talked about earlier?
2 3 4 5	Q. Yeah. If you go to the next page, you'll see an Opana ER. A. Okay. Q. All right. And here it's just representing that the stub last five	2 3 4 5	Q. And are are those the percentage fees under the distributor distributor services agreement we talked about earlier? A. I I'm assuming. You
2 3 4 5 6	Q. Yeah. If you go to the next page, you'll see an Opana ER. A. Okay. Q. All right. And here it's just representing that the stub last five months of 2006 for Opana ER. Do you see	2 3 4 5 6	Q. And are are those the percentage fees under the distributor distributor services agreement we talked about earlier? A. I I'm assuming. You know, I'm assuming that's what it is. I
2 3 4 5 6 7	Q. Yeah. If you go to the next page, you'll see an Opana ER. A. Okay. Q. All right. And here it's just representing that the stub last five months of 2006 for Opana ER. Do you see that?	2 3 4 5 6 7	Q. And are are those the percentage fees under the distributor distributor services agreement we talked about earlier? A. I I'm assuming. You know, I'm assuming that's what it is. I don't know I don't know what I
2 3 4 5 6 7 8	Q. Yeah. If you go to the next page, you'll see an Opana ER. A. Okay. Q. All right. And here it's just representing that the stub last five months of 2006 for Opana ER. Do you see that? A. Yes.	2 3 4 5 6 7 8	Q. And are are those the percentage fees under the distributor distributor services agreement we talked about earlier? A. I I'm assuming. You know, I'm assuming that's what it is. I don't know I don't know what I haven't seen these P&Ls before, so
2 3 4 5 6 7 8 9	Q. Yeah. If you go to the next page, you'll see an Opana ER. A. Okay. Q. All right. And here it's just representing that the stub last five months of 2006 for Opana ER. Do you see that? A. Yes. Q. Okay. And here, I just want	2 3 4 5 6 7 8 9	Q. And are are those the percentage fees under the distributor distributor services agreement we talked about earlier? A. I I'm assuming. You know, I'm assuming that's what it is. I don't know I don't know what I haven't seen these P&Ls before, so Q. Okay. And then two more
2 3 4 5 6 7 8 9	Q. Yeah. If you go to the next page, you'll see an Opana ER. A. Okay. Q. All right. And here it's just representing that the stub last five months of 2006 for Opana ER. Do you see that? A. Yes. Q. Okay. And here, I just want to ask you about a few more of the of	2 3 4 5 6 7 8 9	Q. And are are those the percentage fees under the distributor distributor services agreement we talked about earlier? A. I I'm assuming. You know, I'm assuming that's what it is. I don't know I don't know what I haven't seen these P&Ls before, so Q. Okay. And then two more lines down underneath that is an
2 3 4 5 6 7 8 9 10	Q. Yeah. If you go to the next page, you'll see an Opana ER. A. Okay. Q. All right. And here it's just representing that the stub last five months of 2006 for Opana ER. Do you see that? A. Yes. Q. Okay. And here, I just want to ask you about a few more of the of the lines indicated on the left-hand	2 3 4 5 6 7 8 9 10	Q. And are are those the percentage fees under the distributor distributor services agreement we talked about earlier? A. I I'm assuming. You know, I'm assuming that's what it is. I don't know I don't know what I haven't seen these P&Ls before, so Q. Okay. And then two more lines down underneath that is an administration fee. Do you see that?
2 3 4 5 6 7 8 9 10 11	Q. Yeah. If you go to the next page, you'll see an Opana ER. A. Okay. Q. All right. And here it's just representing that the stub last five months of 2006 for Opana ER. Do you see that? A. Yes. Q. Okay. And here, I just want to ask you about a few more of the of the lines indicated on the left-hand side. We talked about a lot of them.	2 3 4 5 6 7 8 9 10 11 12	Q. And are are those the percentage fees under the distributor distributor services agreement we talked about earlier? A. I I'm assuming. You know, I'm assuming that's what it is. I don't know I don't know what I haven't seen these P&Ls before, so Q. Okay. And then two more lines down underneath that is an administration fee. Do you see that? A. Yes.
2 3 4 5 6 7 8 9 10 11 12 13	Q. Yeah. If you go to the next page, you'll see an Opana ER. A. Okay. Q. All right. And here it's just representing that the stub last five months of 2006 for Opana ER. Do you see that? A. Yes. Q. Okay. And here, I just want to ask you about a few more of the of the lines indicated on the left-hand side. We talked about a lot of them. You mentioned price	2 3 4 5 6 7 8 9 10 11 12 13	Q. And are are those the percentage fees under the distributor distributor services agreement we talked about earlier? A. I I'm assuming. You know, I'm assuming that's what it is. I don't know I don't know what I haven't seen these P&Ls before, so Q. Okay. And then two more lines down underneath that is an administration fee. Do you see that? A. Yes. Q. What was administration fee
2 3 4 5 6 7 8 9 10 11 12 13	Q. Yeah. If you go to the next page, you'll see an Opana ER. A. Okay. Q. All right. And here it's just representing that the stub last five months of 2006 for Opana ER. Do you see that? A. Yes. Q. Okay. And here, I just want to ask you about a few more of the of the lines indicated on the left-hand side. We talked about a lot of them. You mentioned price equalization. The next line is sales	2 3 4 5 6 7 8 9 10 11 12 13 14	Q. And are are those the percentage fees under the distributor distributor services agreement we talked about earlier? A. I I'm assuming. You know, I'm assuming that's what it is. I don't know I don't know what I haven't seen these P&Ls before, so Q. Okay. And then two more lines down underneath that is an administration fee. Do you see that? A. Yes. Q. What was administration fee separate from distribution fee?
2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q. Yeah. If you go to the next page, you'll see an Opana ER. A. Okay. Q. All right. And here it's just representing that the stub last five months of 2006 for Opana ER. Do you see that? A. Yes. Q. Okay. And here, I just want to ask you about a few more of the of the lines indicated on the left-hand side. We talked about a lot of them. You mentioned price equalization. The next line is sales promotions. What was sales promotions?	2 3 4 5 6 7 8 9 10 11 12 13 14 15	Q. And are are those the percentage fees under the distributor distributor services agreement we talked about earlier? A. I I'm assuming. You know, I'm assuming that's what it is. I don't know I don't know what I haven't seen these P&Ls before, so Q. Okay. And then two more lines down underneath that is an administration fee. Do you see that? A. Yes. Q. What was administration fee separate from distribution fee? A. You know, I don't recall the
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. Yeah. If you go to the next page, you'll see an Opana ER. A. Okay. Q. All right. And here it's just representing that the stub last five months of 2006 for Opana ER. Do you see that? A. Yes. Q. Okay. And here, I just want to ask you about a few more of the of the lines indicated on the left-hand side. We talked about a lot of them. You mentioned price equalization. The next line is sales promotions. What was sales promotions? A. I don't know. I wasn't	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. And are are those the percentage fees under the distributor distributor services agreement we talked about earlier? A. I I'm assuming. You know, I'm assuming that's what it is. I don't know I don't know what I haven't seen these P&Ls before, so Q. Okay. And then two more lines down underneath that is an administration fee. Do you see that? A. Yes. Q. What was administration fee separate from distribution fee? A. You know, I don't recall the specifics. It was some customers or
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. Yeah. If you go to the next page, you'll see an Opana ER. A. Okay. Q. All right. And here it's just representing that the stub last five months of 2006 for Opana ER. Do you see that? A. Yes. Q. Okay. And here, I just want to ask you about a few more of the of the lines indicated on the left-hand side. We talked about a lot of them. You mentioned price equalization. The next line is sales promotions. What was sales promotions? A. I don't know. I wasn't involved with Opana or Opana ER, other	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Q. And are are those the percentage fees under the distributor distributor services agreement we talked about earlier? A. I I'm assuming. You know, I'm assuming that's what it is. I don't know I don't know what I haven't seen these P&Ls before, so Q. Okay. And then two more lines down underneath that is an administration fee. Do you see that? A. Yes. Q. What was administration fee separate from distribution fee? A. You know, I don't recall the specifics. It was some customers or wholesaler whoever it was, they had
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. Yeah. If you go to the next page, you'll see an Opana ER. A. Okay. Q. All right. And here it's just representing that the stub last five months of 2006 for Opana ER. Do you see that? A. Yes. Q. Okay. And here, I just want to ask you about a few more of the of the lines indicated on the left-hand side. We talked about a lot of them. You mentioned price equalization. The next line is sales promotions. What was sales promotions? A. I don't know. I wasn't involved with Opana or Opana ER, other than stocking. That's my only	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. And are are those the percentage fees under the distributor distributor services agreement we talked about earlier? A. I I'm assuming. You know, I'm assuming that's what it is. I don't know I don't know what I haven't seen these P&Ls before, so Q. Okay. And then two more lines down underneath that is an administration fee. Do you see that? A. Yes. Q. What was administration fee separate from distribution fee? A. You know, I don't recall the specifics. It was some customers or wholesaler whoever it was, they had they called it an admin fee? I don't
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	Q. Yeah. If you go to the next page, you'll see an Opana ER. A. Okay. Q. All right. And here it's just representing that the stub last five months of 2006 for Opana ER. Do you see that? A. Yes. Q. Okay. And here, I just want to ask you about a few more of the of the lines indicated on the left-hand side. We talked about a lot of them. You mentioned price equalization. The next line is sales promotions. What was sales promotions? A. I don't know. I wasn't involved with Opana or Opana ER, other than stocking. That's my only involvement.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Q. And are are those the percentage fees under the distributor distributor services agreement we talked about earlier? A. I I'm assuming. You know, I'm assuming that's what it is. I don't know I don't know what I haven't seen these P&Ls before, so Q. Okay. And then two more lines down underneath that is an administration fee. Do you see that? A. Yes. Q. What was administration fee separate from distribution fee? A. You know, I don't recall the specifics. It was some customers or wholesaler whoever it was, they had they called it an admin fee? I don't remember what it was all for. It was
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. Yeah. If you go to the next page, you'll see an Opana ER. A. Okay. Q. All right. And here it's just representing that the stub last five months of 2006 for Opana ER. Do you see that? A. Yes. Q. Okay. And here, I just want to ask you about a few more of the of the lines indicated on the left-hand side. We talked about a lot of them. You mentioned price equalization. The next line is sales promotions. What was sales promotions? A. I don't know. I wasn't involved with Opana or Opana ER, other than stocking. That's my only involvement. Q. You know what, fair enough.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. And are are those the percentage fees under the distributor distributor services agreement we talked about earlier? A. I I'm assuming. You know, I'm assuming that's what it is. I don't know I don't know what I haven't seen these P&Ls before, so Q. Okay. And then two more lines down underneath that is an administration fee. Do you see that? A. Yes. Q. What was administration fee separate from distribution fee? A. You know, I don't recall the specifics. It was some customers or wholesaler whoever it was, they had they called it an admin fee? I don't remember what it was all for. It was just another fee, another charge, you
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. Yeah. If you go to the next page, you'll see an Opana ER. A. Okay. Q. All right. And here it's just representing that the stub last five months of 2006 for Opana ER. Do you see that? A. Yes. Q. Okay. And here, I just want to ask you about a few more of the of the lines indicated on the left-hand side. We talked about a lot of them. You mentioned price equalization. The next line is sales promotions. What was sales promotions? A. I don't know. I wasn't involved with Opana or Opana ER, other than stocking. That's my only involvement. Q. You know what, fair enough. Let's go let's go to the next page	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. And are are those the percentage fees under the distributor distributor services agreement we talked about earlier? A. I I'm assuming. You know, I'm assuming that's what it is. I don't know I don't know what I haven't seen these P&Ls before, so Q. Okay. And then two more lines down underneath that is an administration fee. Do you see that? A. Yes. Q. What was administration fee separate from distribution fee? A. You know, I don't recall the specifics. It was some customers or wholesaler whoever it was, they had they called it an admin fee? I don't remember what it was all for. It was just another fee, another charge, you know, cost of doing business on the
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Yeah. If you go to the next page, you'll see an Opana ER. A. Okay. Q. All right. And here it's just representing that the stub last five months of 2006 for Opana ER. Do you see that? A. Yes. Q. Okay. And here, I just want to ask you about a few more of the of the lines indicated on the left-hand side. We talked about a lot of them. You mentioned price equalization. The next line is sales promotions. What was sales promotions? A. I don't know. I wasn't involved with Opana or Opana ER, other than stocking. That's my only involvement. Q. You know what, fair enough. Let's go let's go to the next page then, which is oxycodone.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. And are are those the percentage fees under the distributor distributor services agreement we talked about earlier? A. I I'm assuming. You know, I'm assuming that's what it is. I don't know I don't know what I haven't seen these P&Ls before, so Q. Okay. And then two more lines down underneath that is an administration fee. Do you see that? A. Yes. Q. What was administration fee separate from distribution fee? A. You know, I don't recall the specifics. It was some customers or wholesaler whoever it was, they had they called it an admin fee? I don't remember what it was all for. It was just another fee, another charge, you know, cost of doing business on the account.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. Yeah. If you go to the next page, you'll see an Opana ER. A. Okay. Q. All right. And here it's just representing that the stub last five months of 2006 for Opana ER. Do you see that? A. Yes. Q. Okay. And here, I just want to ask you about a few more of the of the lines indicated on the left-hand side. We talked about a lot of them. You mentioned price equalization. The next line is sales promotions. What was sales promotions? A. I don't know. I wasn't involved with Opana or Opana ER, other than stocking. That's my only involvement. Q. You know what, fair enough. Let's go let's go to the next page then, which is oxycodone. A. And I assume this is	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Q. And are are those the percentage fees under the distributor distributor services agreement we talked about earlier? A. I I'm assuming. You know, I'm assuming that's what it is. I don't know I don't know what I haven't seen these P&Ls before, so Q. Okay. And then two more lines down underneath that is an administration fee. Do you see that? A. Yes. Q. What was administration fee separate from distribution fee? A. You know, I don't recall the specifics. It was some customers or wholesaler whoever it was, they had they called it an admin fee? I don't remember what it was all for. It was just another fee, another charge, you know, cost of doing business on the account. Q. From your perspective it's
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Yeah. If you go to the next page, you'll see an Opana ER. A. Okay. Q. All right. And here it's just representing that the stub last five months of 2006 for Opana ER. Do you see that? A. Yes. Q. Okay. And here, I just want to ask you about a few more of the of the lines indicated on the left-hand side. We talked about a lot of them. You mentioned price equalization. The next line is sales promotions. What was sales promotions? A. I don't know. I wasn't involved with Opana or Opana ER, other than stocking. That's my only involvement. Q. You know what, fair enough. Let's go let's go to the next page then, which is oxycodone.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. And are are those the percentage fees under the distributor distributor services agreement we talked about earlier? A. I I'm assuming. You know, I'm assuming that's what it is. I don't know I don't know what I haven't seen these P&Ls before, so Q. Okay. And then two more lines down underneath that is an administration fee. Do you see that? A. Yes. Q. What was administration fee separate from distribution fee? A. You know, I don't recall the specifics. It was some customers or wholesaler whoever it was, they had they called it an admin fee? I don't remember what it was all for. It was just another fee, another charge, you know, cost of doing business on the account.

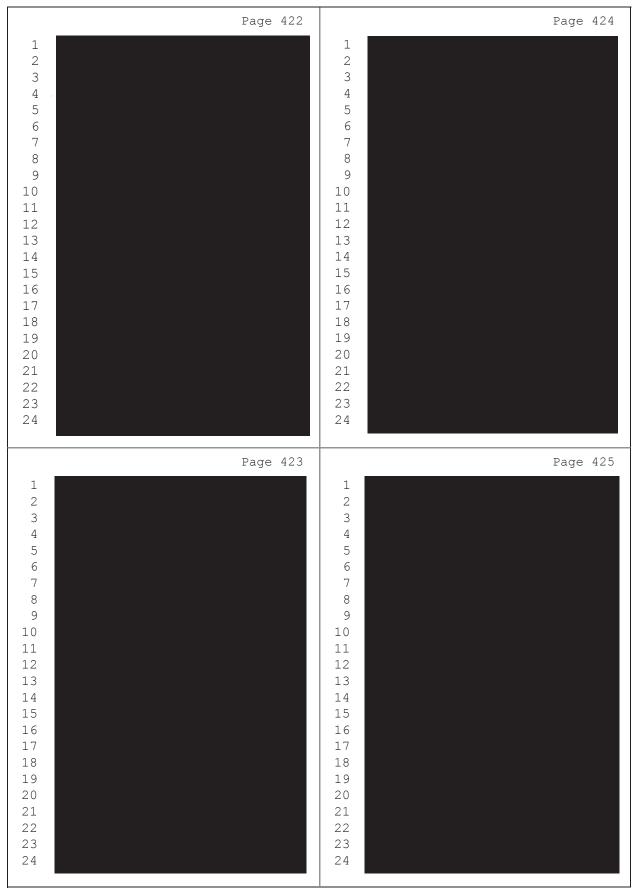




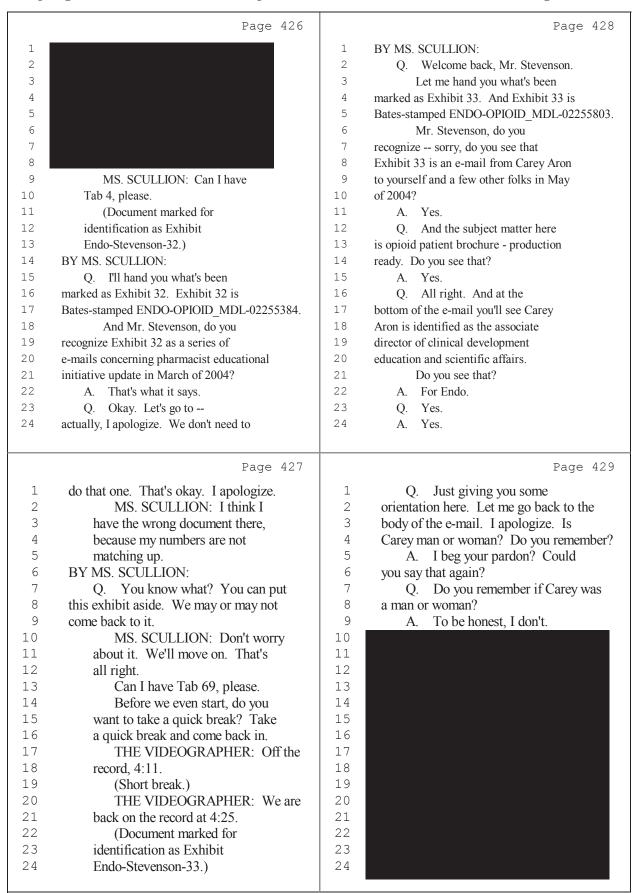
105 (Pages 414 to 417)

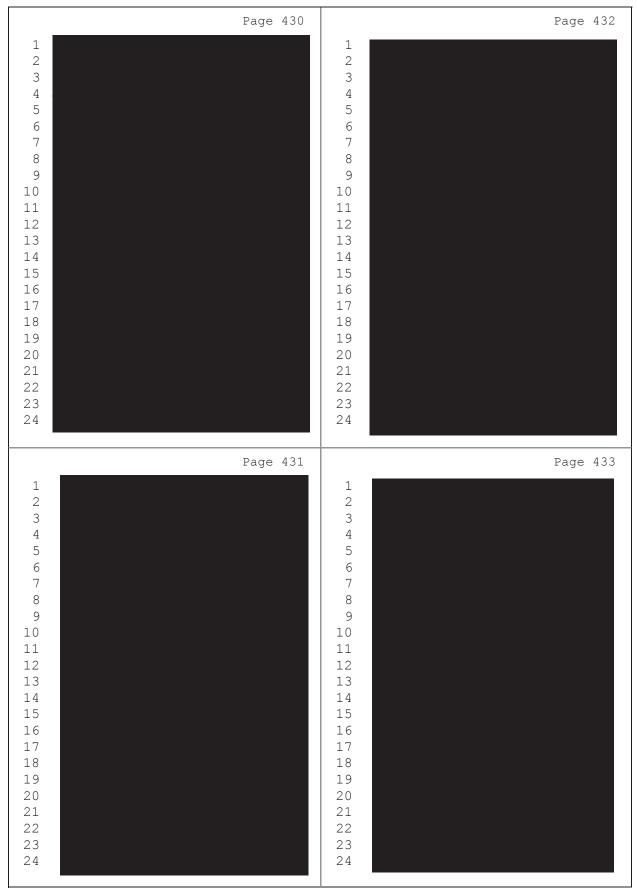


106 (Pages 418 to 421)

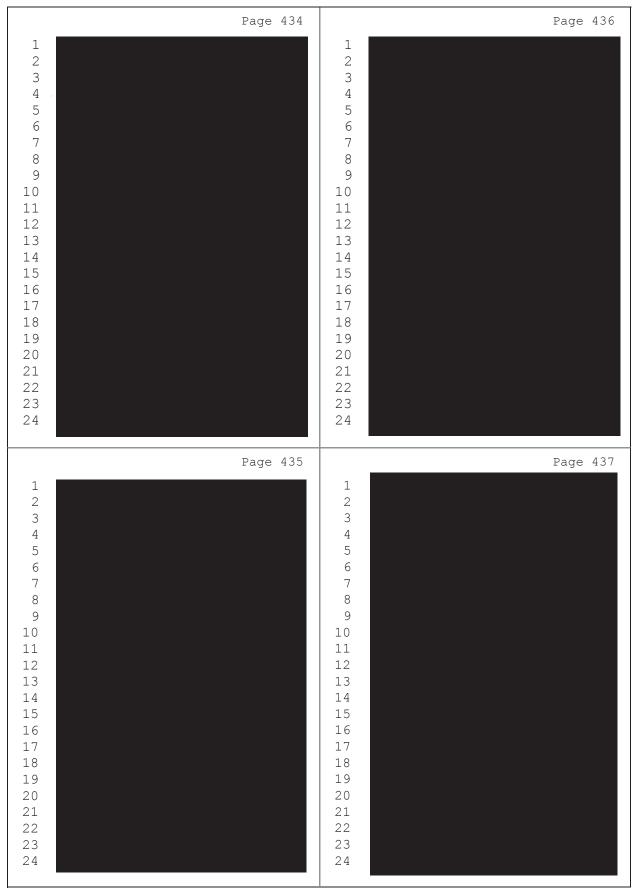


107 (Pages 422 to 425)

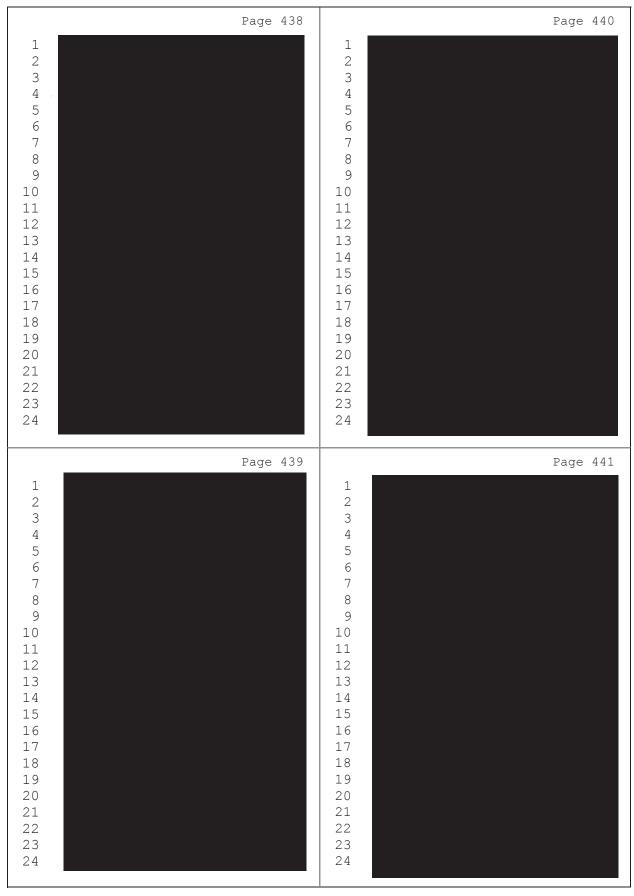




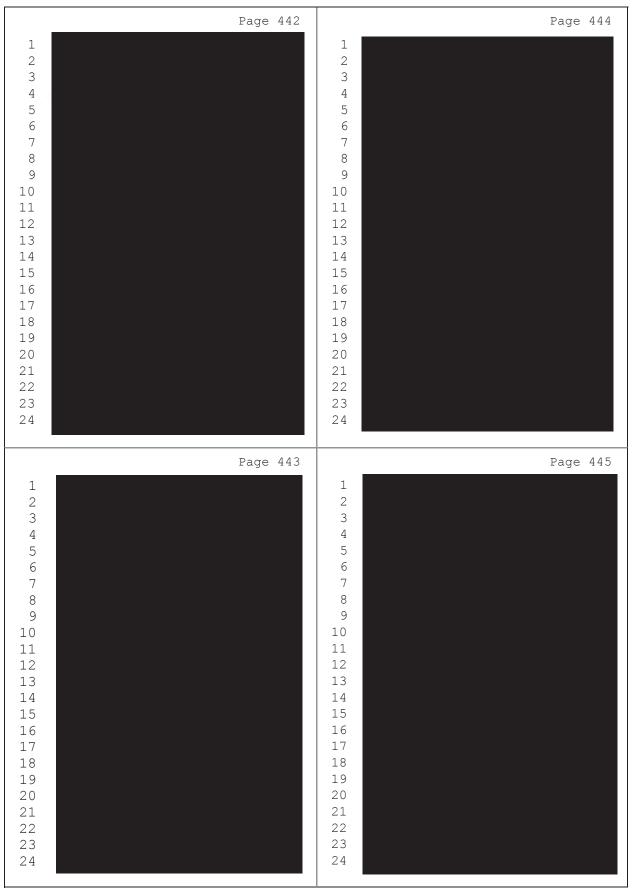
109 (Pages 430 to 433)



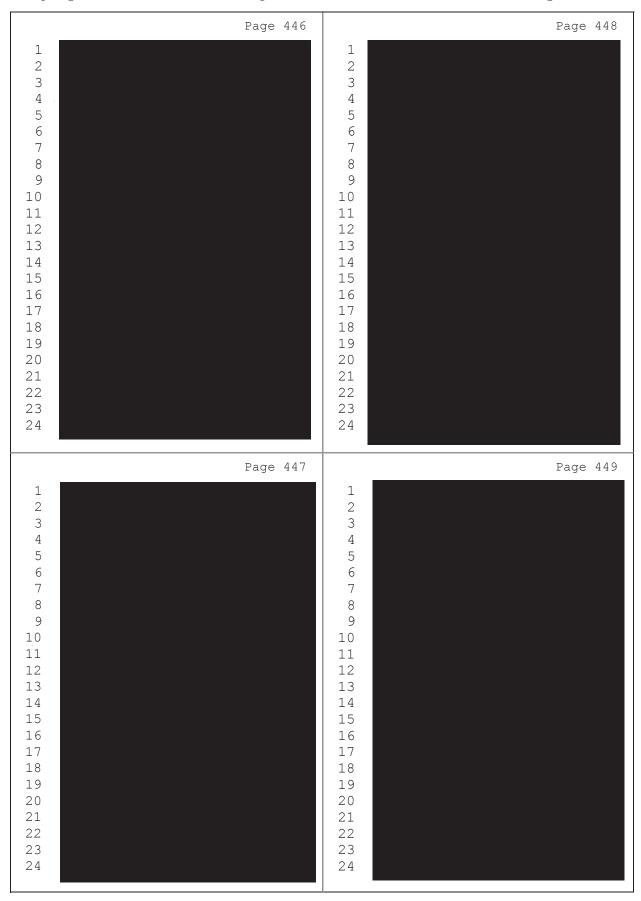
110 (Pages 434 to 437)



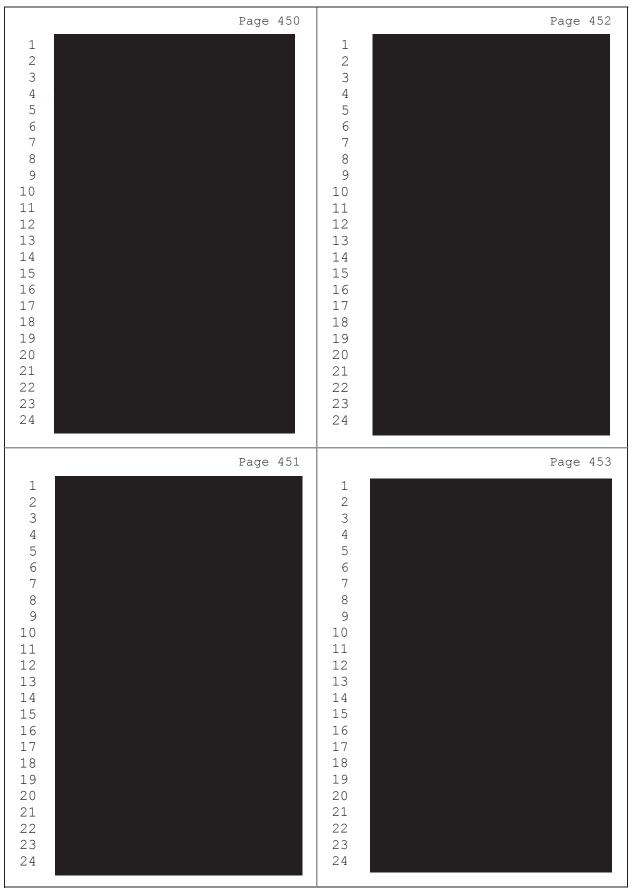
111 (Pages 438 to 441)



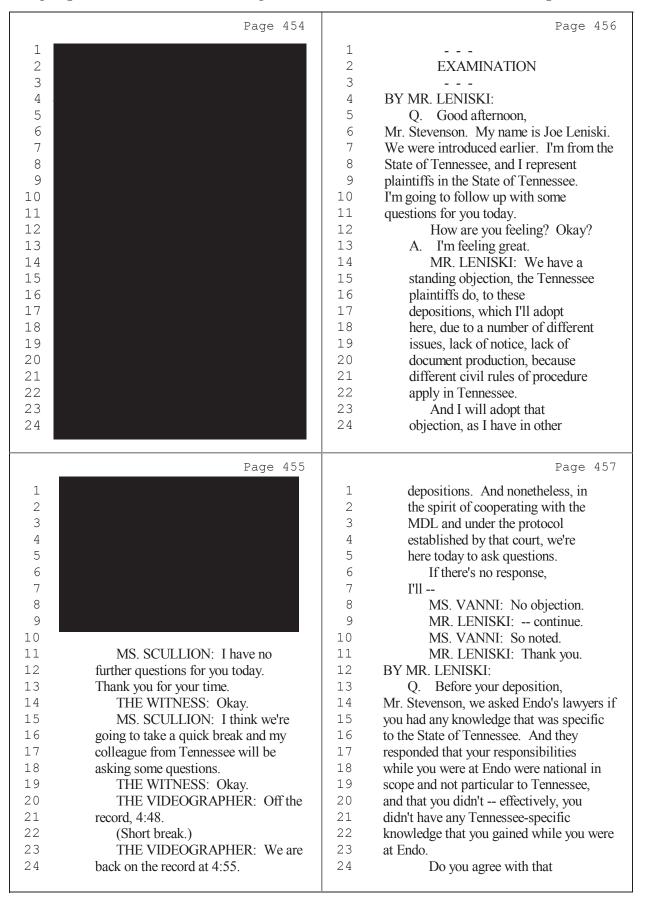
112 (Pages 442 to 445)



113 (Pages 446 to 449)



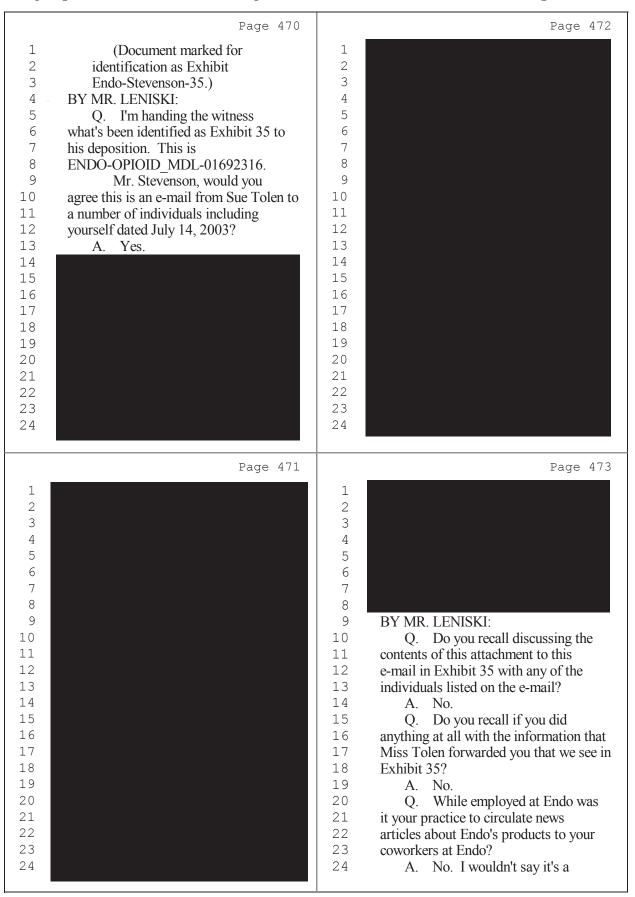
114 (Pages 450 to 453)



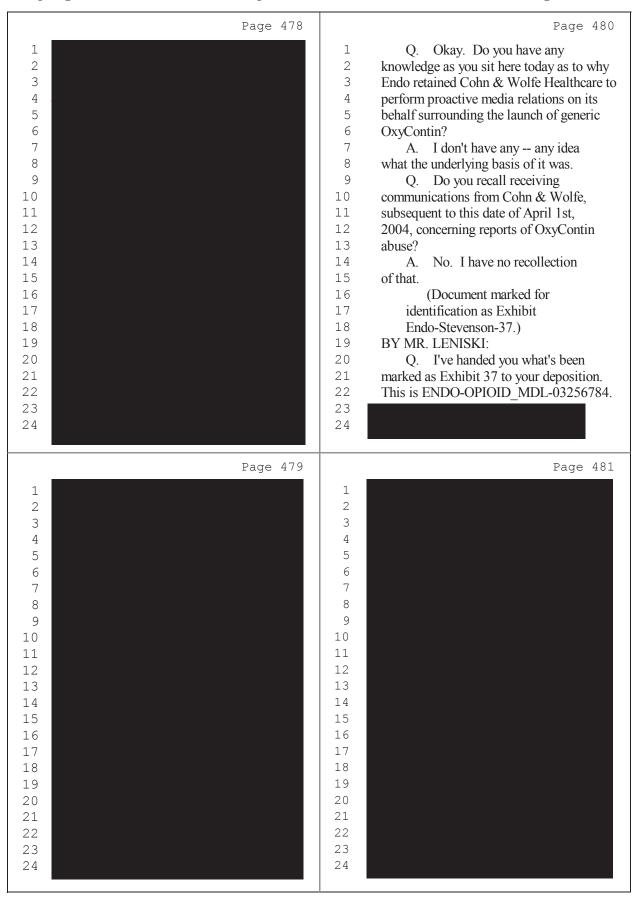
	Page 458		Page 460
1	statement?	1	it now, yes.
2	A. Absolutely true.	2	Q. And basically it's just a
3	Q. Okay. So, for example,	3	range of is a range of the region,
4 .	during your tenure at Endo, while you may	4	rather, around the Appalachian Mountains.
5	not have had specific knowledge, did you	5	A. Okay.
6	know that Endo did sell its opioid	6	Q. Did you gain any while
7	products in the State of Tennessee?	7	you were employed at Endo, did you gain
8	A. Endo sold their products	8	any understanding about opioid use in
9	nationally, so including Tennessee.	9	Appalachia?
10	Q. Okay. What did you know	10	A. No.
11	about opioid abuse rates in Tennessee	11	Q. Did you learn anything
12	during your time at Endo?	12	during your time at Endo of opioid abuse
13	A. Nothing.	13	rates in Appalachia relative to other
14	Q. While employed at Endo, did	14	areas of the country?
15	you have any understanding of the level	15	MS. VANNI: Object to form.
16	of opioid use in Tennessee relative to	16	THE WITNESS: No.
17	other states?	17	BY MR. LENISKI:
18		18	
	A. No.		Q. Okay. So you did not have
19	Q. While employed at Endo, did	19	any understanding while you were at Endo
20	you have any understanding of the level	20	that the level of opioid abuse in
21	of opioid abuse in Tennessee relative to	21	Appalachia was relatively higher than
22	other states?	22	other parts of the country?
23	A. No.	23	MS. VANNI: Object to form.
24	Q. While employed at Endo, did	24	THE WITNESS: No. I had no
	Page 459		Page 461
	<u> </u>		Tage 401
1		1	
1 2	you know that opioid abuse rates or	1 2	knowledge of that.
2	you know that opioid abuse rates or have any understanding that opioid abuse	2	knowledge of that. BY MR. LENISKI:
2 3	you know that opioid abuse rates or have any understanding that opioid abuse rates were higher in Tennessee than	2 3	knowledge of that. BY MR. LENISKI: Q. Okay. I also represent
2 3 4	you know that opioid abuse rates or have any understanding that opioid abuse rates were higher in Tennessee than almost anywhere else in the country?	2 3 4	knowledge of that. BY MR. LENISKI: Q. Okay. I also represent individual infants and toddlers in
2 3 4 5	you know that opioid abuse rates or have any understanding that opioid abuse rates were higher in Tennessee than almost anywhere else in the country? MS. VANNI: Object to form.	2 3 4 5	knowledge of that. BY MR. LENISKI: Q. Okay. I also represent individual infants and toddlers in Tennessee who were born afflicted with
2 3 4 5 6	you know that opioid abuse rates or have any understanding that opioid abuse rates were higher in Tennessee than almost anywhere else in the country? MS. VANNI: Object to form. THE WITNESS: No.	2 3 4 5 6	knowledge of that. BY MR. LENISKI: Q. Okay. I also represent individual infants and toddlers in Tennessee who were born afflicted with neonatal abstinence syndrome, or what's
2 3 4 5 6 7	you know that opioid abuse rates or have any understanding that opioid abuse rates were higher in Tennessee than almost anywhere else in the country? MS. VANNI: Object to form. THE WITNESS: No. BY MR. LENISKI:	2 3 4 5 6 7	knowledge of that. BY MR. LENISKI: Q. Okay. I also represent individual infants and toddlers in Tennessee who were born afflicted with neonatal abstinence syndrome, or what's called NAS, because their mothers abused
2 3 4 5 6 7 8	you know that opioid abuse rates or have any understanding that opioid abuse rates were higher in Tennessee than almost anywhere else in the country? MS. VANNI: Object to form. THE WITNESS: No. BY MR. LENISKI: Q. Now, most of my clients are	2 3 4 5 6 7 8	knowledge of that. BY MR. LENISKI: Q. Okay. I also represent individual infants and toddlers in Tennessee who were born afflicted with neonatal abstinence syndrome, or what's called NAS, because their mothers abused opioids while pregnant. Have you ever
2 3 4 5 6 7 8 9	you know that opioid abuse rates or have any understanding that opioid abuse rates were higher in Tennessee than almost anywhere else in the country? MS. VANNI: Object to form. THE WITNESS: No. BY MR. LENISKI: Q. Now, most of my clients are district attorneys in the State of	2 3 4 5 6 7 8	knowledge of that. BY MR. LENISKI: Q. Okay. I also represent individual infants and toddlers in Tennessee who were born afflicted with neonatal abstinence syndrome, or what's called NAS, because their mothers abused opioids while pregnant. Have you ever heard of neonatal abstinence syndrome?
2 3 4 5 6 7 8 9	you know that opioid abuse rates or have any understanding that opioid abuse rates were higher in Tennessee than almost anywhere else in the country? MS. VANNI: Object to form. THE WITNESS: No. BY MR. LENISKI: Q. Now, most of my clients are district attorneys in the State of Tennessee. They represent districts in a	2 3 4 5 6 7 8 9	knowledge of that. BY MR. LENISKI: Q. Okay. I also represent individual infants and toddlers in Tennessee who were born afflicted with neonatal abstinence syndrome, or what's called NAS, because their mothers abused opioids while pregnant. Have you ever heard of neonatal abstinence syndrome? A. No.
2 3 4 5 6 7 8 9 10	you know that opioid abuse rates or have any understanding that opioid abuse rates were higher in Tennessee than almost anywhere else in the country? MS. VANNI: Object to form. THE WITNESS: No. BY MR. LENISKI: Q. Now, most of my clients are district attorneys in the State of Tennessee. They represent districts in a part of Tennessee that we refer to as	2 3 4 5 6 7 8 9 10 11	knowledge of that. BY MR. LENISKI: Q. Okay. I also represent individual infants and toddlers in Tennessee who were born afflicted with neonatal abstinence syndrome, or what's called NAS, because their mothers abused opioids while pregnant. Have you ever heard of neonatal abstinence syndrome? A. No. Q. Okay. Did you ever hear the
2 3 4 5 6 7 8 9 10 11 12	you know that opioid abuse rates or have any understanding that opioid abuse rates were higher in Tennessee than almost anywhere else in the country? MS. VANNI: Object to form. THE WITNESS: No. BY MR. LENISKI: Q. Now, most of my clients are district attorneys in the State of Tennessee. They represent districts in a part of Tennessee that we refer to as Appalachia. Have you heard of Appalachia	2 3 4 5 6 7 8 9 10 11 12	knowledge of that. BY MR. LENISKI: Q. Okay. I also represent individual infants and toddlers in Tennessee who were born afflicted with neonatal abstinence syndrome, or what's called NAS, because their mothers abused opioids while pregnant. Have you ever heard of neonatal abstinence syndrome? A. No. Q. Okay. Did you ever hear the term "epidemic" used to describe opioid
2 3 4 5 6 7 8 9 10 11 12 13	you know that opioid abuse rates or have any understanding that opioid abuse rates were higher in Tennessee than almost anywhere else in the country? MS. VANNI: Object to form. THE WITNESS: No. BY MR. LENISKI: Q. Now, most of my clients are district attorneys in the State of Tennessee. They represent districts in a part of Tennessee that we refer to as Appalachia. Have you heard of Appalachia before?	2 3 4 5 6 7 8 9 10 11 12 13	knowledge of that. BY MR. LENISKI: Q. Okay. I also represent individual infants and toddlers in Tennessee who were born afflicted with neonatal abstinence syndrome, or what's called NAS, because their mothers abused opioids while pregnant. Have you ever heard of neonatal abstinence syndrome? A. No. Q. Okay. Did you ever hear the term "epidemic" used to describe opioid use in this country while you were
2 3 4 5 6 7 8 9 10 11 12 13	you know that opioid abuse rates or have any understanding that opioid abuse rates were higher in Tennessee than almost anywhere else in the country? MS. VANNI: Object to form. THE WITNESS: No. BY MR. LENISKI: Q. Now, most of my clients are district attorneys in the State of Tennessee. They represent districts in a part of Tennessee that we refer to as Appalachia. Have you heard of Appalachia before? A. Yes.	2 3 4 5 6 7 8 9 10 11 12 13 14	knowledge of that. BY MR. LENISKI: Q. Okay. I also represent individual infants and toddlers in Tennessee who were born afflicted with neonatal abstinence syndrome, or what's called NAS, because their mothers abused opioids while pregnant. Have you ever heard of neonatal abstinence syndrome? A. No. Q. Okay. Did you ever hear the term "epidemic" used to describe opioid use in this country while you were employed at Endo?
2 3 4 5 6 7 8 9 10 11 12 13 14 15	you know that opioid abuse rates or have any understanding that opioid abuse rates were higher in Tennessee than almost anywhere else in the country? MS. VANNI: Object to form. THE WITNESS: No. BY MR. LENISKI: Q. Now, most of my clients are district attorneys in the State of Tennessee. They represent districts in a part of Tennessee that we refer to as Appalachia. Have you heard of Appalachia before? A. Yes. Q. Okay. And do you have a	2 3 4 5 6 7 8 9 10 11 12 13 14 15	knowledge of that. BY MR. LENISKI: Q. Okay. I also represent individual infants and toddlers in Tennessee who were born afflicted with neonatal abstinence syndrome, or what's called NAS, because their mothers abused opioids while pregnant. Have you ever heard of neonatal abstinence syndrome? A. No. Q. Okay. Did you ever hear the term "epidemic" used to describe opioid use in this country while you were employed at Endo? MS. VANNI: Object to form.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	you know that opioid abuse rates or have any understanding that opioid abuse rates were higher in Tennessee than almost anywhere else in the country? MS. VANNI: Object to form. THE WITNESS: No. BY MR. LENISKI: Q. Now, most of my clients are district attorneys in the State of Tennessee. They represent districts in a part of Tennessee that we refer to as Appalachia. Have you heard of Appalachia before? A. Yes. Q. Okay. And do you have a general understanding that parts of	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	knowledge of that. BY MR. LENISKI: Q. Okay. I also represent individual infants and toddlers in Tennessee who were born afflicted with neonatal abstinence syndrome, or what's called NAS, because their mothers abused opioids while pregnant. Have you ever heard of neonatal abstinence syndrome? A. No. Q. Okay. Did you ever hear the term "epidemic" used to describe opioid use in this country while you were employed at Endo? MS. VANNI: Object to form. THE WITNESS: I'm not sure
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	you know that opioid abuse rates or have any understanding that opioid abuse rates were higher in Tennessee than almost anywhere else in the country? MS. VANNI: Object to form. THE WITNESS: No. BY MR. LENISKI: Q. Now, most of my clients are district attorneys in the State of Tennessee. They represent districts in a part of Tennessee that we refer to as Appalachia. Have you heard of Appalachia before? A. Yes. Q. Okay. And do you have a general understanding that parts of Tennessee are located in Appalachia?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	knowledge of that. BY MR. LENISKI: Q. Okay. I also represent individual infants and toddlers in Tennessee who were born afflicted with neonatal abstinence syndrome, or what's called NAS, because their mothers abused opioids while pregnant. Have you ever heard of neonatal abstinence syndrome? A. No. Q. Okay. Did you ever hear the term "epidemic" used to describe opioid use in this country while you were employed at Endo? MS. VANNI: Object to form. THE WITNESS: I'm not sure when I heard when I was at Endo
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	you know that opioid abuse rates or have any understanding that opioid abuse rates were higher in Tennessee than almost anywhere else in the country? MS. VANNI: Object to form. THE WITNESS: No. BY MR. LENISKI: Q. Now, most of my clients are district attorneys in the State of Tennessee. They represent districts in a part of Tennessee that we refer to as Appalachia. Have you heard of Appalachia before? A. Yes. Q. Okay. And do you have a general understanding that parts of Tennessee are located in Appalachia? A. I always thought Appalachia	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	knowledge of that. BY MR. LENISKI: Q. Okay. I also represent individual infants and toddlers in Tennessee who were born afflicted with neonatal abstinence syndrome, or what's called NAS, because their mothers abused opioids while pregnant. Have you ever heard of neonatal abstinence syndrome? A. No. Q. Okay. Did you ever hear the term "epidemic" used to describe opioid use in this country while you were employed at Endo? MS. VANNI: Object to form. THE WITNESS: I'm not sure when I heard when I was at Endo I heard the word "epidemic." I
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	you know that opioid abuse rates or have any understanding that opioid abuse rates were higher in Tennessee than almost anywhere else in the country? MS. VANNI: Object to form. THE WITNESS: No. BY MR. LENISKI: Q. Now, most of my clients are district attorneys in the State of Tennessee. They represent districts in a part of Tennessee that we refer to as Appalachia. Have you heard of Appalachia before? A. Yes. Q. Okay. And do you have a general understanding that parts of Tennessee are located in Appalachia? A. I always thought Appalachia was located in Tennessee. But yes.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	knowledge of that. BY MR. LENISKI: Q. Okay. I also represent individual infants and toddlers in Tennessee who were born afflicted with neonatal abstinence syndrome, or what's called NAS, because their mothers abused opioids while pregnant. Have you ever heard of neonatal abstinence syndrome? A. No. Q. Okay. Did you ever hear the term "epidemic" used to describe opioid use in this country while you were employed at Endo? MS. VANNI: Object to form. THE WITNESS: I'm not sure when I heard when I was at Endo I heard the word "epidemic." I can't I can't testify to that.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	you know that opioid abuse rates or have any understanding that opioid abuse rates were higher in Tennessee than almost anywhere else in the country? MS. VANNI: Object to form. THE WITNESS: No. BY MR. LENISKI: Q. Now, most of my clients are district attorneys in the State of Tennessee. They represent districts in a part of Tennessee that we refer to as Appalachia. Have you heard of Appalachia before? A. Yes. Q. Okay. And do you have a general understanding that parts of Tennessee are located in Appalachia? A. I always thought Appalachia was located in Tennessee. But yes. Q. Certainly is. I think it's	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	knowledge of that. BY MR. LENISKI: Q. Okay. I also represent individual infants and toddlers in Tennessee who were born afflicted with neonatal abstinence syndrome, or what's called NAS, because their mothers abused opioids while pregnant. Have you ever heard of neonatal abstinence syndrome? A. No. Q. Okay. Did you ever hear the term "epidemic" used to describe opioid use in this country while you were employed at Endo? MS. VANNI: Object to form. THE WITNESS: I'm not sure when I heard when I was at Endo I heard the word "epidemic." I can't I can't testify to that. I've heard it recently in the
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	you know that opioid abuse rates or have any understanding that opioid abuse rates were higher in Tennessee than almost anywhere else in the country? MS. VANNI: Object to form. THE WITNESS: No. BY MR. LENISKI: Q. Now, most of my clients are district attorneys in the State of Tennessee. They represent districts in a part of Tennessee that we refer to as Appalachia. Have you heard of Appalachia before? A. Yes. Q. Okay. And do you have a general understanding that parts of Tennessee are located in Appalachia? A. I always thought Appalachia was located in Tennessee. But yes. Q. Certainly is. I think it's a wider region. Do you understand other	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	knowledge of that. BY MR. LENISKI: Q. Okay. I also represent individual infants and toddlers in Tennessee who were born afflicted with neonatal abstinence syndrome, or what's called NAS, because their mothers abused opioids while pregnant. Have you ever heard of neonatal abstinence syndrome? A. No. Q. Okay. Did you ever hear the term "epidemic" used to describe opioid use in this country while you were employed at Endo? MS. VANNI: Object to form. THE WITNESS: I'm not sure when I heard when I was at Endo I heard the word "epidemic." I can't I can't testify to that. I've heard it recently in the news. But I would say when I was
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	you know that opioid abuse rates or have any understanding that opioid abuse rates were higher in Tennessee than almost anywhere else in the country? MS. VANNI: Object to form. THE WITNESS: No. BY MR. LENISKI: Q. Now, most of my clients are district attorneys in the State of Tennessee. They represent districts in a part of Tennessee that we refer to as Appalachia. Have you heard of Appalachia before? A. Yes. Q. Okay. And do you have a general understanding that parts of Tennessee are located in Appalachia? A. I always thought Appalachia was located in Tennessee. But yes. Q. Certainly is. I think it's a wider region. Do you understand other states would also be included in the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	knowledge of that. BY MR. LENISKI: Q. Okay. I also represent individual infants and toddlers in Tennessee who were born afflicted with neonatal abstinence syndrome, or what's called NAS, because their mothers abused opioids while pregnant. Have you ever heard of neonatal abstinence syndrome? A. No. Q. Okay. Did you ever hear the term "epidemic" used to describe opioid use in this country while you were employed at Endo? MS. VANNI: Object to form. THE WITNESS: I'm not sure when I heard when I was at Endo I heard the word "epidemic." I can't I can't testify to that. I've heard it recently in the news. But I would say when I was at Endo, I can't recall that.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	you know that opioid abuse rates or have any understanding that opioid abuse rates were higher in Tennessee than almost anywhere else in the country? MS. VANNI: Object to form. THE WITNESS: No. BY MR. LENISKI: Q. Now, most of my clients are district attorneys in the State of Tennessee. They represent districts in a part of Tennessee that we refer to as Appalachia. Have you heard of Appalachia before? A. Yes. Q. Okay. And do you have a general understanding that parts of Tennessee are located in Appalachia? A. I always thought Appalachia was located in Tennessee. But yes. Q. Certainly is. I think it's a wider region. Do you understand other states would also be included in the region known as Appalachia?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	knowledge of that. BY MR. LENISKI: Q. Okay. I also represent individual infants and toddlers in Tennessee who were born afflicted with neonatal abstinence syndrome, or what's called NAS, because their mothers abused opioids while pregnant. Have you ever heard of neonatal abstinence syndrome? A. No. Q. Okay. Did you ever hear the term "epidemic" used to describe opioid use in this country while you were employed at Endo? MS. VANNI: Object to form. THE WITNESS: I'm not sure when I heard when I was at Endo I heard the word "epidemic." I can't I can't testify to that. I've heard it recently in the news. But I would say when I was at Endo, I can't recall that. BY MR. LENISKI:
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	you know that opioid abuse rates or have any understanding that opioid abuse rates were higher in Tennessee than almost anywhere else in the country? MS. VANNI: Object to form. THE WITNESS: No. BY MR. LENISKI: Q. Now, most of my clients are district attorneys in the State of Tennessee. They represent districts in a part of Tennessee that we refer to as Appalachia. Have you heard of Appalachia before? A. Yes. Q. Okay. And do you have a general understanding that parts of Tennessee are located in Appalachia? A. I always thought Appalachia was located in Tennessee. But yes. Q. Certainly is. I think it's a wider region. Do you understand other states would also be included in the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	knowledge of that. BY MR. LENISKI: Q. Okay. I also represent individual infants and toddlers in Tennessee who were born afflicted with neonatal abstinence syndrome, or what's called NAS, because their mothers abused opioids while pregnant. Have you ever heard of neonatal abstinence syndrome? A. No. Q. Okay. Did you ever hear the term "epidemic" used to describe opioid use in this country while you were employed at Endo? MS. VANNI: Object to form. THE WITNESS: I'm not sure when I heard when I was at Endo I heard the word "epidemic." I can't I can't testify to that. I've heard it recently in the news. But I would say when I was at Endo, I can't recall that.

"opioid epidemic" ever used, to your		
opioid chideinic ever used, to vour	1	MR. LENISKI: It's one page.
knowledge, at Endo while you were	2	It's double-sided.
•		MS. VANNI: I think you just
		had an extra copy. Thank you.
· ·		BY MR. LENISKI:
•		Q. I've handed you Exhibit 34,
© ,		which is a series of e-mails that are
		dated between June 30, 2003, and
		July 1st, 2003. The very first e-mail on
*		the chain, which is on the second page of
		Exhibit 34, is from Bob Barto. And it's
		subject "Agency contact report,
		oxymorphone ER and IR."
		Do you see that?
		A. Which one is it? Where is
v v		Bob Barto? Oh, yeah, there sorry.
		Yeah. Okay.
_		Q. Did you find that?
* *		A. Yes.
		Q. And who is Bob Barto?
		A. I don't know exactly. Based
*		on the documents that I've seen, he was
		involved in regulatory affairs.
Endo was launching in 2003. Do you	24	Q. His e-mail reads, "Please
Page 463		Page 465
recall that?	1	see attached agency contact report
A. We were hoping to launch in	2	regarding oxymorphone ER and IR trade
2003. We launched it in June of '05.	3	name submission and risk management
Q. Okay. Did you have any	4	plan."
	5	Did I read that correctly?
relative to Endo's launch of oxymorphone	6	A. Yes.
	7	Q. The e-mail directly above
A. No.	8	that is from Debbie Travers to Scott
(Document marked for	9	Shively. And Miss Travers, who was
identification as Exhibit	10	copied on or a recipient of Mr. Barto's
Endo-Stevenson-34.)	11	e-mail below is forwarding this e-mail to
BY MR. LENISKI:	12	Scott Shively. And who was Scott
	13	Shively?
•	14	A. He was the vice president of
		brand marketing.
		Q. Okay. So you were on the
		generic side at Endo and he was on the
		brand side; is that correct?
		A. Yes.
		Q. Okay.
		•
		A. I was copied on here as a convenience. I wasn't involved in the
MS. VANNI: Is this one	23	product, but
IVES VALVENT IS HIS OHE	()	
	employed there? MS. VANNI: Object to form. THE WITNESS: To my knowledge, no. BY MR. LENISKI: Q. Did you ever hear the term "epidemic" to describe Opana use in this country while you were employed at Endo? A. No. Q. Do you recall being asked questions early today about the 2003 meetings between Endo and the DEA and FDA with respect to oxymorphone ER and IR? MS. VANNI: Objection. THE WITNESS: I was not at – I wasn't at a DEA involving oxymorphone IR and ER. BY MR. LENISKI: Q. I'm sorry. I think you were asked questions about MDL counsel about generic OxyContin that Opana — or that Endo was launching in 2003. Do you Page 463 recall that? A. We were hoping to launch in 2003. We launched it in June of '05. Q. Okay. Did you have any involvement or any responsibilities relative to Endo's launch of oxymorphone ER or IR around that time frame of 2003? A. No. (Document marked for identification as Exhibit Endo-Stevenson-34.) BY MR. LENISKI: Q. There's copies there for your attorney. A. Oh, sorry. MS. VANNI: You don't need to apologize. BY MR. LENISKI: Q. I handed the witness a document that we've identified as Exhibit 34 to his deposition. This is ENDO-OPIOID_MDL-01716696.	employed there? MS. VANNI: Object to form. THE WITNESS: To my knowledge, no. BY MR. LENISKI: Q. Did you ever hear the term "epidemic" to describe Opana use in this country while you were employed at Endo? A. No. Q. Do you recall being asked questions early today about the 2003 meetings between Endo and the DEA and FDA with respect to oxymorphone ER and IR? MS. VANNI: Objection. THE WITNESS: I was not at I wasn't at a DEA involving oxymorphone IR and ER. BY MR. LENISKI: Q. I'm sorry. I think you were asked questions about MDL counsel about generic OxyContin that Opana or that Endo was launching in 2003. Do you Page 463 recall that? A. We were hoping to launch in 2003. We launched it in June of '05. Q. Okay. Did you have any involvement or any responsibilities relative to Endo's launch of oxymorphone ER or IR around that time frame of 2003? A. No. (Document marked for identification as Exhibit Endo-Stevenson-34.) BY MR. LENISKI: Q. There's copies there for your attorney. A. Oh, sorry. MS. VANNI: You don't need to apologize. BY MR. LENISKI: Q. I handed the witness a document that we've identified as Exhibit 34 to his deposition. This is ENDO-OPIOID_MDL-01716696.

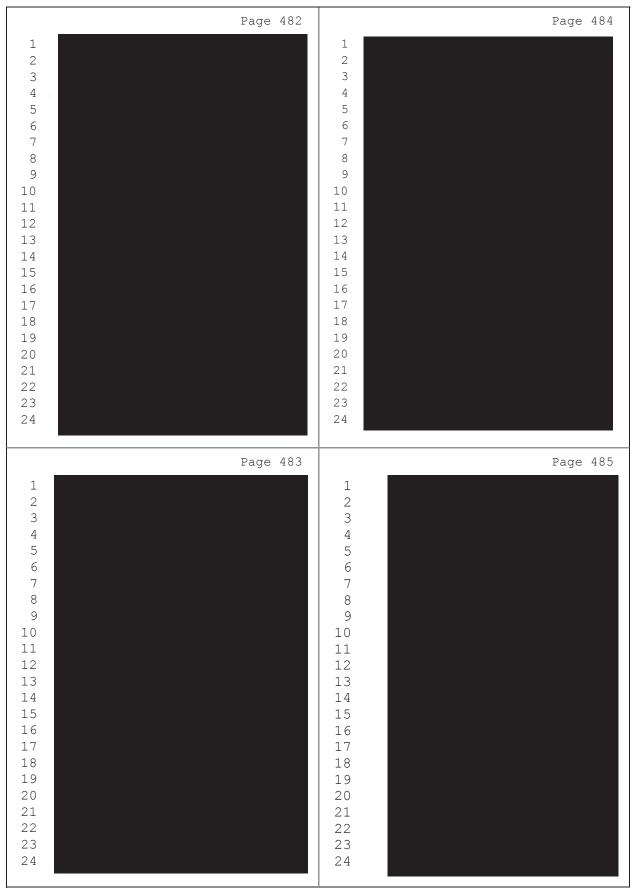
	Page 466		Page 468
1	a little bit. We'll get there, but	1	to 'track' prescriptions/patients.
2	there's an e-mail from Ms. Travers to	2	Depending on what this translates to it
3	Mr. Shively. And she says, "Here it is.	3	can be very laborious and very expensive
4 .	They claim that our risk management plan	4	(a patient registry is the extreme case).
5	is not enough. But were nice enough to	5	If it is just regional, that is
6	point us in the right direction."	6	manageable, i.e., looking for 'macro
7	Did I read that correctly?	7	trends' and areas for concern."
8	A. Yes.	8	Did I read that correctly?
9	Q. Okay. And then Mr. Shively	9	A. Yes.
10	writes back or actually he actually	10	Q. Do you recall receiving that
11	sends an e-mail to both Debbie Travers	11	e-mail?
12	and then a number of individuals	12	A. No.
13	including MaryAlice Raudenbush.	13	Q. Do you know why you were
14	A. Yes.	14	copied on the e-mail from Mr. Shively?
15	Q. Raudenbush later on	15	A. Because he brought up at the
16	June 30, 2003. Do you see that e-mail?	16	last sentence, "We have to do the same
17	A. Yes, I do.	17	for 3218," which would be oxycodone ER.
18	Q. And he says, "MaryAlice,	18	So he was just asking a question whether
19	'really deficient' with regard to our	19	or not this would now be required.
20	risk management plan does not sound very	20	Q. Okay. And
21	good. It seems we have a lot of work to	21	A. He was filling me in on
22	do."	22	that, I guess so I would be aware of it.
23	Did I read that correctly?	23	Q. Okay. Do you recall
24	A. Yes.	24	responding to Mr. Shively
2 1	71. 103.		responding to IVII. Shirvery
	Page 467		Page 469
1	Q. Okay. Miss Raudenbush	1	A. I don't.
2	writes back to Mr. Shively, also on	2	Q about his question
3	July 1st, 2003, correct?	3	A. No.
4	A. Yes.	4	Q in this e-mail?
5	Q. And she says, "Scott, FDA	5	A. No.
6	indicated that we have the right elements	6	Q. Okay. And do you remember
7	but these are 'soft.' Our plan as	7	what the answer was whether the same
8	currently presented is quite vague and	8	would be required for the for Endo's
9	lacks direction. It appears we also need	9	generic launch of OxyContin to track
10	to address diversion from multiple	10	prescriptions in patients?
11	angles, i.e., tracking prescriptions by	11	A. I don't remember.
12	region, trends, et cetera, as well as the	12	Q. Did you have any
13	actual distribution of our products from	13	responsibilities with respect to
14	Memphis."	14	implementing any system for tracking
15	Did I read that correctly?	15	prescriptions or patients for either
16	A. Yes.	16	oxymorphone ER and IR or what's numbered
17	Q. Okay. And then Mr. Shively	17	here as 3218 which is the generic
18	in the final e-mail on this exhibit	18	OxyContin?
19	responds to MaryAlice Raudenbush, and he	19	A. No. Just as I testified to
20	copies you and a number of other	20	numerous times today, oxymorphone ER and
21	individuals.	21	IR was a brand. I was not involved with
22	He writes, "MaryAlice,	22	the brand other than for stocking of the
23	thanks, that helps a bit. My big concern	23	product in late '06 and into '07.
24	all along has been that we would be asked	24	Q. Okay.
23	thanks, that helps a bit. My big concern	23	product in late '06 and into '07.



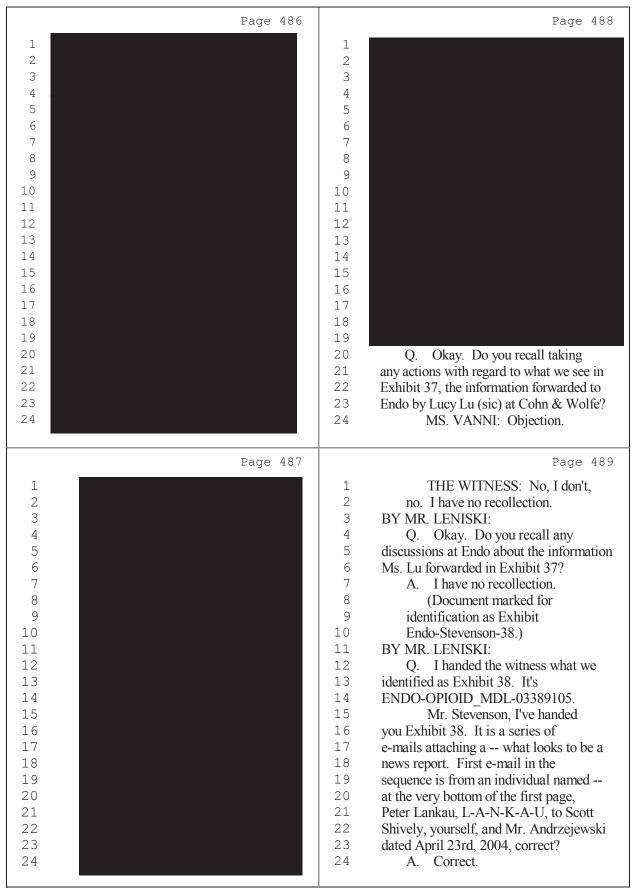
	Page 474		Page 476
1	practice, no.	1	respect to whatever work they were
2	Q. Okay. Do you recall doing	2	performing for Endo?
3	just that, circulating news reports from	3	A. I may have sat in a
4 .	the internet or other sources to your	4	presentation that they made, a Cohn &
5	colleagues at Endo while you were	5	Wolfe presentation, I may have sat in a
6	employed there?	6	meeting. But I wasn't involved in
7	A. I have no recollection.	7	anything else that Cohn & Wolfe did.
8	Q. Okay. Were reports in the	8	Q. Okay. So to your knowledge,
9	news and elsewhere about about abuse	9	were you involved in the retention of
10	of Endo's products occurring in the	10	Cohn & Wolfe to perform services on
11	country relevant to your work at Endo?	11	behalf of Endo?
12	A. I'm sorry, could you restate	12	MS. VANNI: Objection.
13	that, please?	13	Asked and answered.
14	Q. Were reports in the news and	14	THE WITNESS: No, I was not
15	elsewhere about the abuse of Endo's	15	involved.
16	products occurring in the country	16	BY MR. LENISKI:
17	relevant to your work at Endo?	17	Q. I've handed you what we've
18	MS. VANNI: Object to form.	18	marked as Exhibit 36. This is
19	THE WITNESS: I never saw	19	ENDO-OPIOID MDL-04137641. Do you
20	any article about the abuse of an	20	recognize this document?
21	Endo product.	21	A. No.
22	BY MR. LENISKI:	22	(Document marked for
23	Q. Were reports in the news and	23	identification as Exhibit
24	elsewhere about the abuse of opioids	24	Endo-Stevenson-36.)
	The state of the s		,
	Page 475		Page 477
1	generally occurring in the country	1	BY MR. LENISKI:
2	relevant to your work at Endo?	2	Q. And I'll represent to you
3	MS. VANNI: Object to form.	3	this is something that was located in
4	THE WITNESS: How do you	4	your custodial file.
5	define relevant?	5	Do you know why you would
6	BY MR. LENISKI:	6	have had this document in your custodial
7	Q. Well, is it information that	7	file?
8	you either did use or would have used in	8	A. Somebody sent it to me,
9	performing your job duties at Endo?	9	because, you know, I was at the VP level
	performing your job duties at Endo? A. No.	9	because, you know, I was at the VP level and and Endo people kept the VP level
9	A. No. Q. Okay. You were asked some		
9 10	A. No.	10	and and Endo people kept the VP level
9 10 11	A. No. Q. Okay. You were asked some	10 11	and and Endo people kept the VP level
9 10 11 12	A. No. Q. Okay. You were asked some questions earlier today about an entity	10 11 12 13 14	and and Endo people kept the VP level
9 10 11 12 13	A. No. Q. Okay. You were asked some questions earlier today about an entity known as Cohn & Wolfe. Do you recall	10 11 12 13	and and Endo people kept the VP level
9 10 11 12 13 14	A. No. Q. Okay. You were asked some questions earlier today about an entity known as Cohn & Wolfe. Do you recall that?	10 11 12 13 14	and and Endo people kept the VP level
9 10 11 12 13 14	A. No. Q. Okay. You were asked some questions earlier today about an entity known as Cohn & Wolfe. Do you recall that? A. Yes.	10 11 12 13 14 15	and and Endo people kept the VP level
9 10 11 12 13 14 15	A. No. Q. Okay. You were asked some questions earlier today about an entity known as Cohn & Wolfe. Do you recall that? A. Yes. Q. Do you remember when	10 11 12 13 14 15 16	and and Endo people kept the VP level
9 10 11 12 13 14 15 16	A. No. Q. Okay. You were asked some questions earlier today about an entity known as Cohn & Wolfe. Do you recall that? A. Yes. Q. Do you remember when approximately Endo retained Cohn &	10 11 12 13 14 15 16 17	and and Endo people kept the VP level
9 10 11 12 13 14 15 16 17	A. No. Q. Okay. You were asked some questions earlier today about an entity known as Cohn & Wolfe. Do you recall that? A. Yes. Q. Do you remember when approximately Endo retained Cohn & Wolfe's services?	10 11 12 13 14 15 16 17 18	and and Endo people kept the VP level
9 10 11 12 13 14 15 16 17 18 19	A. No. Q. Okay. You were asked some questions earlier today about an entity known as Cohn & Wolfe. Do you recall that? A. Yes. Q. Do you remember when approximately Endo retained Cohn & Wolfe's services? A. No. I have no idea.	10 11 12 13 14 15 16 17 18	and and Endo people kept the VP level
9 10 11 12 13 14 15 16 17 18 19 20	A. No. Q. Okay. You were asked some questions earlier today about an entity known as Cohn & Wolfe. Do you recall that? A. Yes. Q. Do you remember when approximately Endo retained Cohn & Wolfe's services? A. No. I have no idea. Q. Okay. Were you involved in	10 11 12 13 14 15 16 17 18 19 20	and and Endo people kept the VP level
9 10 11 12 13 14 15 16 17 18 19 20 21	A. No. Q. Okay. You were asked some questions earlier today about an entity known as Cohn & Wolfe. Do you recall that? A. Yes. Q. Do you remember when approximately Endo retained Cohn & Wolfe's services? A. No. I have no idea. Q. Okay. Were you involved in retaining Cohn & Wolfe to work with Endo?	10 11 12 13 14 15 16 17 18 19 20 21	and and Endo people kept the VP level
9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. No. Q. Okay. You were asked some questions earlier today about an entity known as Cohn & Wolfe. Do you recall that? A. Yes. Q. Do you remember when approximately Endo retained Cohn & Wolfe's services? A. No. I have no idea. Q. Okay. Were you involved in retaining Cohn & Wolfe to work with Endo? A. No.	10 11 12 13 14 15 16 17 18 19 20 21 22	and and Endo people kept the VP level



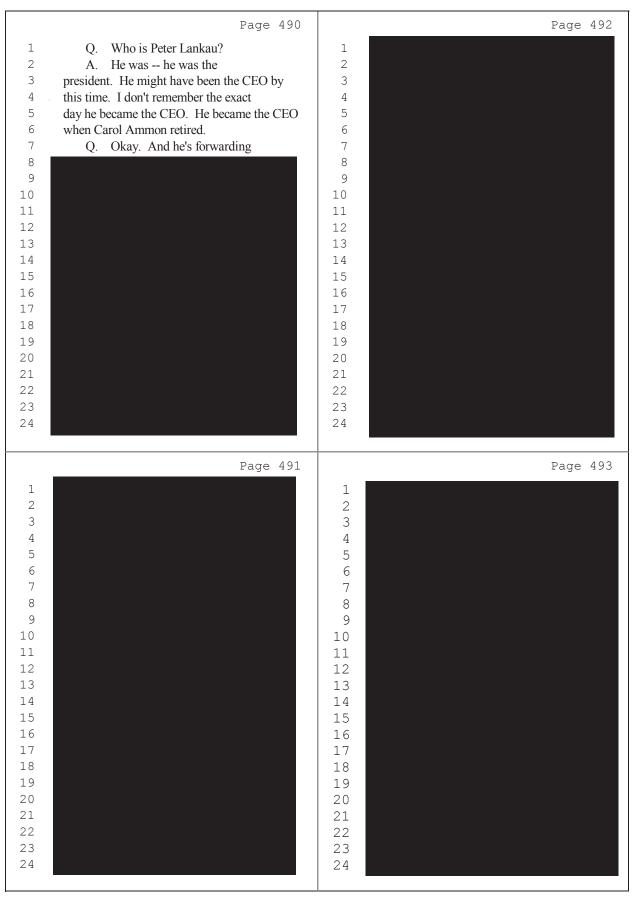
121 (Pages 478 to 481)



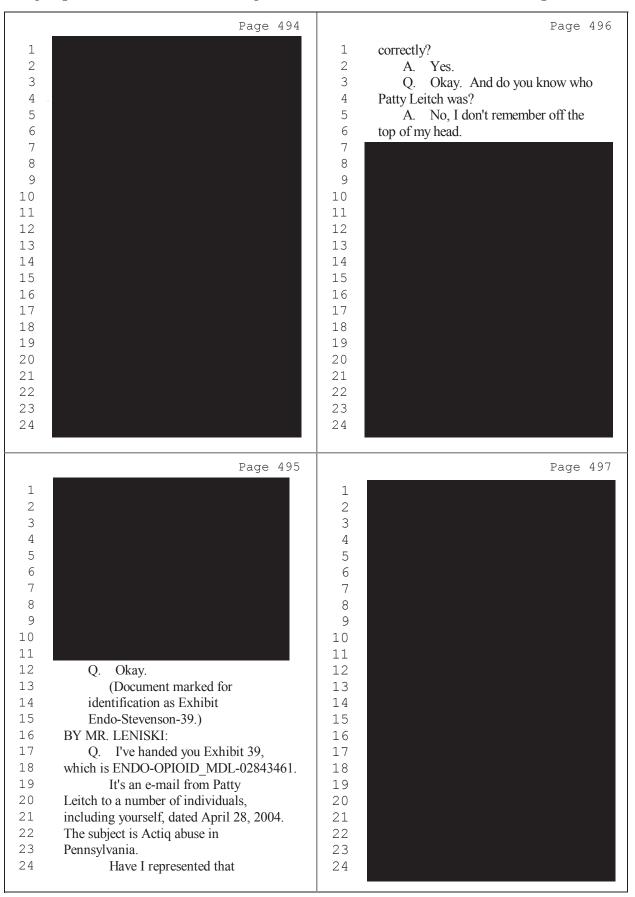
122 (Pages 482 to 485)



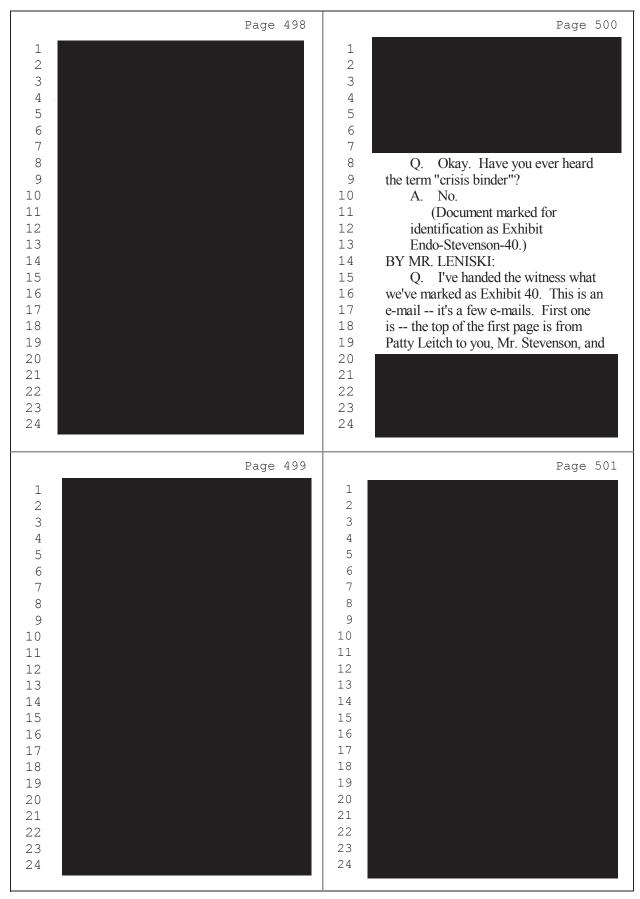
123 (Pages 486 to 489)



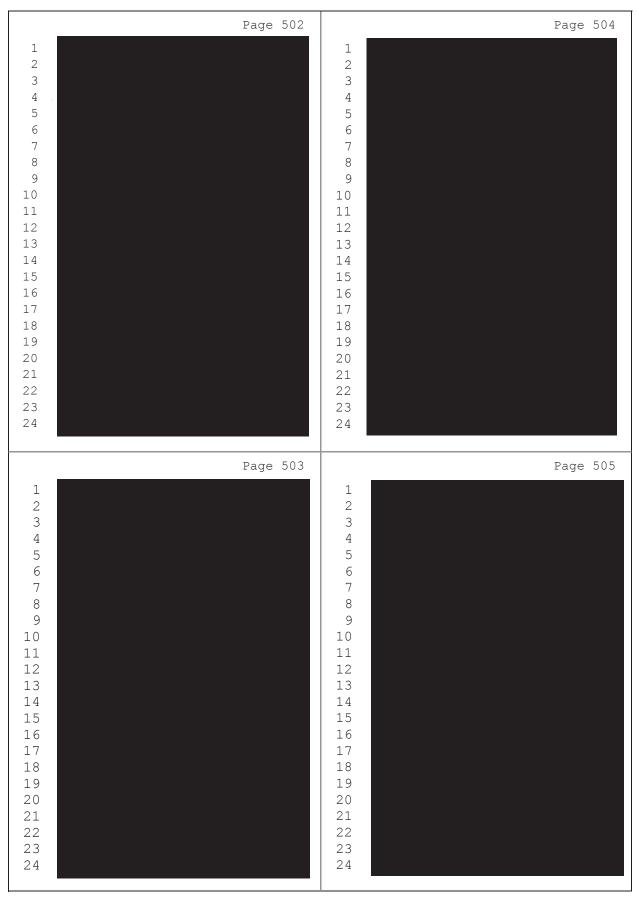
124 (Pages 490 to 493)



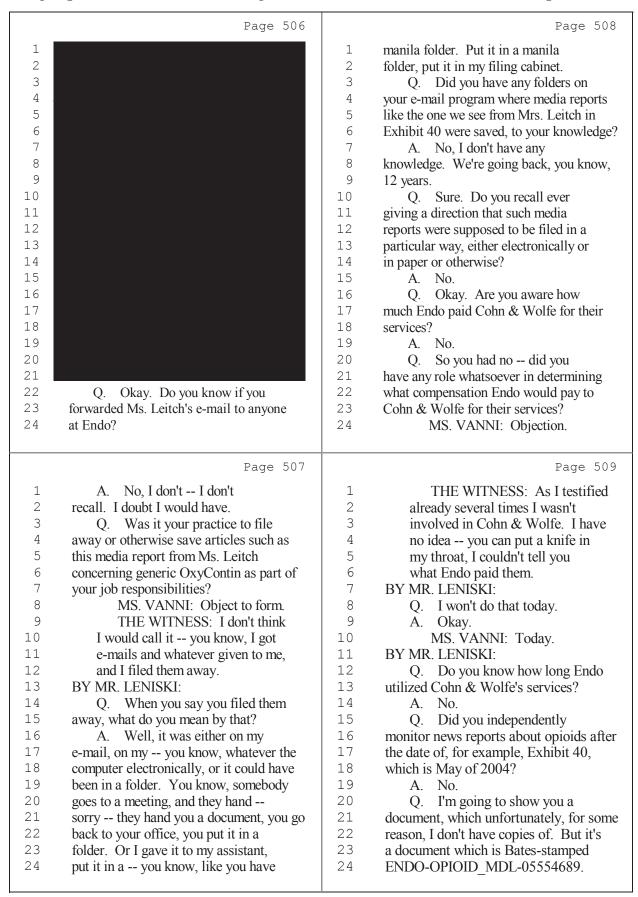
125 (Pages 494 to 497)

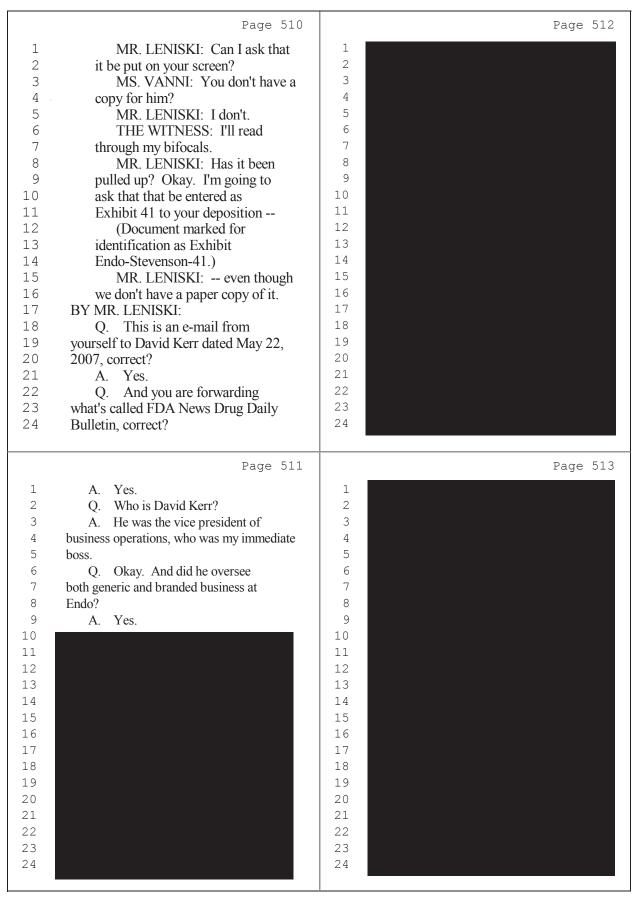


126 (Pages 498 to 501)

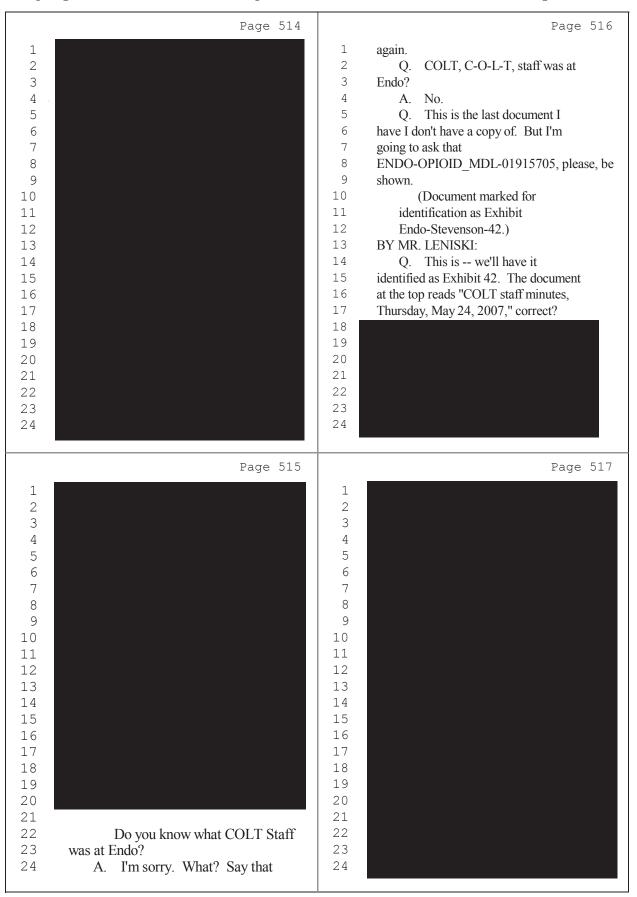


127 (Pages 502 to 505)

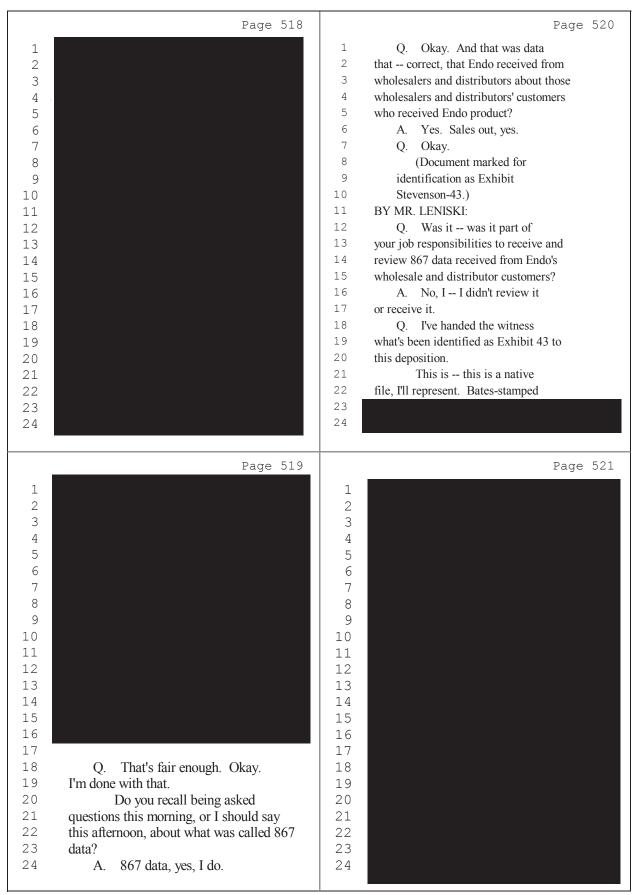


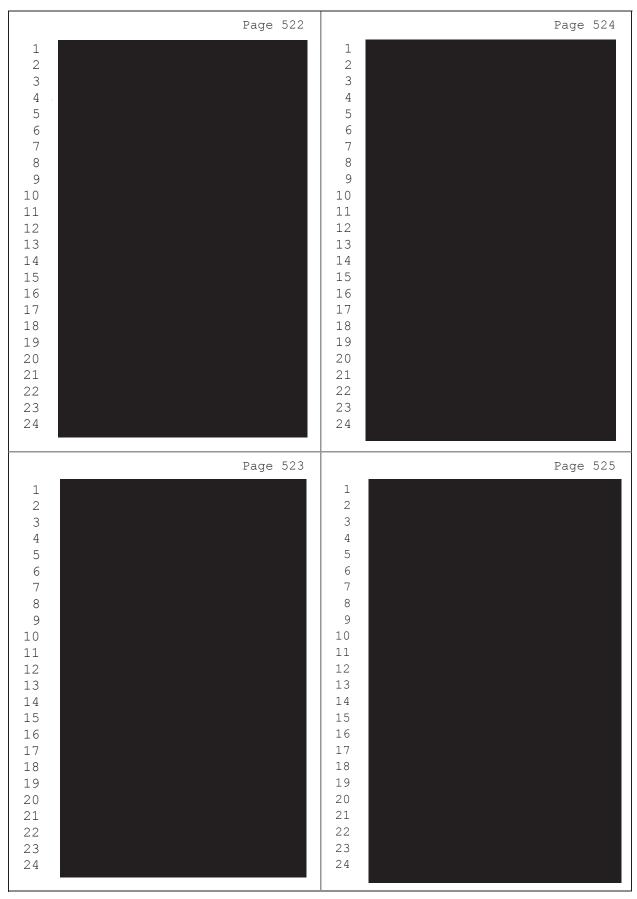


129 (Pages 510 to 513)

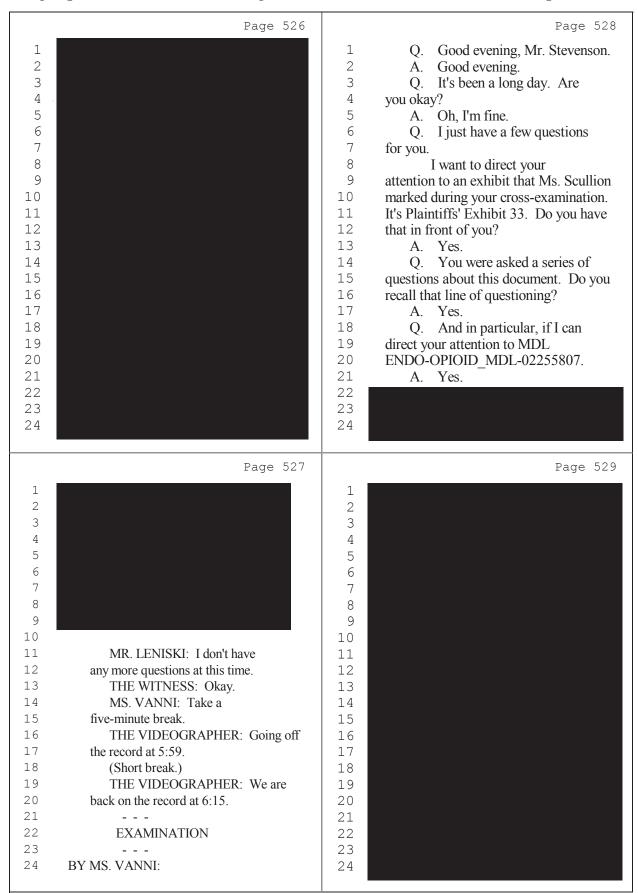


130 (Pages 514 to 517)





132 (Pages 522 to 525)



	Page 530	Page 532
1		1 INSTRUCTIONS TO WITNESS
2	k you.	2
3	MS. VANNI: I have no	3 Please read your deposition
4	further questions for you,	4 over carefully and make any necessary
5	Mr. Stevenson.	5 corrections. You should state the reason
6	THE VIDEOGRAPHER: Going off	6 in the appropriate space on the errata
7	the record at 6:16.	7 sheet for any corrections that are made.
8	MS. SCULLION: So I have no	8 After doing so, please sign
9	questions for the witness.	9 the errata sheet and date it.
10	We did skip Exhibit Number	10 You are signing same subject
11	11. That's inadvertent. It was	to the changes you have noted on the
12	not used.	errata sheet, which will be attached to
13	MS. VANNI: Thank you.	your deposition.
14	THE VIDEOGRAPHER: That	14 It is imperative that you
15	concludes the deposition. The	15 return the original errata sheet to the
16	time is 6:17.	deposing attorney within thirty (30) days
17	(Excused.)	17 of receipt of the deposition transcript
18	(Deposition concluded at	by you. If you fail to do so, the
19	approximately 6:17 p.m.)	deposition transcript may be deemed to be
20	······································	20 accurate and may be used in court.
21		21
22		22
23		23
24		24
	Page 531	Page 533
	rage 331	rage 333
1 2	CERTIFICATE	1
3	CERTIFICATE	ERRATA
4		2
5	I HEREBY CERTIFY that the witness was duly sworn by me and that the	3
6	deposition is a true record of the	4 PAGE LINE CHANGE 5
	testimony given by the witness.	
7	It was requested before	7
8	completion of the deposition that the	8 REASON:
1		
^	witness, GEORGE STEVENSON, have the	
9	opportunity to read and sign the	9
10		9 10 REASON:
10 11	opportunity to read and sign the	9 10 REASON:
10	opportunity to read and sign the deposition transcript.	9 10 REASON: 11 12 REASON: 13
10 11	opportunity to read and sign the deposition transcript. MICHELLE L. GRAY, A Registered Professional	9 10 REASON: 11 12 REASON: 13
10 11 12 13	opportunity to read and sign the deposition transcript. MICHELLE L. GRAY, A Registered Professional Reporter, Certified Shorthand	9 10 REASON: 11 12 REASON: 13 14 REASON: 15
10 11 12	opportunity to read and sign the deposition transcript. MICHELLE L. GRAY, A Registered Professional Reporter, Certified Shorthand Reporter, Certified Realtime Reporter and Notary Public	9 10 REASON: 11 12 REASON: 13 14 REASON:
10 11 12 13 14	opportunity to read and sign the deposition transcript. MICHELLE L. GRAY, A Registered Professional Reporter, Certified Shorthand Reporter, Certified Realtime	9 10 REASON: 11 12 REASON: 13 14 REASON: 15 16 REASON: 17
10 11 12 13 14 15 16	opportunity to read and sign the deposition transcript. MICHELLE L. GRAY, A Registered Professional Reporter, Certified Shorthand Reporter, Certified Realtime Reporter and Notary Public	9 10 REASON: 11 12 REASON: 13 14 REASON: 15 16 REASON: 17 18 REASON:
10 11 12 13 14 15 16 17 18	opportunity to read and sign the deposition transcript. MICHELLE L. GRAY, A Registered Professional Reporter, Certified Shorthand Reporter, Certified Realtime Reporter and Notary Public Dated: February 20, 2019 (The foregoing certification	9 10 REASON: 11 12 REASON: 13 14 REASON: 15 16 REASON: 17 18 REASON: 19
10 11 12 13 14 15 16 17 18 19	opportunity to read and sign the deposition transcript. MICHELLE L. GRAY, A Registered Professional Reporter, Certified Shorthand Reporter, Certified Realtime Reporter and Notary Public Dated: February 20, 2019 (The foregoing certification of this transcript does not apply to any	9 10 REASON: 11 12 REASON: 13 14 REASON: 15 16 REASON: 17 18 REASON: 19 20 REASON:
10 11 12 13 14 15 16 17 18	opportunity to read and sign the deposition transcript. MICHELLE L. GRAY, A Registered Professional Reporter, Certified Shorthand Reporter, Certified Realtime Reporter and Notary Public Dated: February 20, 2019 (The foregoing certification of this transcript does not apply to any reproduction of the same by any means,	9 10 REASON: 11 12 REASON: 13 14 REASON: 15 16 REASON: 17 18 REASON: 19 20 REASON: 21
10 11 12 13 14 15 16 17 18 19 20 21 22	opportunity to read and sign the deposition transcript. MICHELLE L. GRAY, A Registered Professional Reporter, Certified Shorthand Reporter, Certified Realtime Reporter and Notary Public Dated: February 20, 2019 (The foregoing certification of this transcript does not apply to any	9 10 REASON: 11 12 REASON: 13 14 REASON: 15 16 REASON: 17 18 REASON: 19 20 REASON: 21 22 REASON:
10 11 12 13 14 15 16 17 18 19 20 21 22 23	opportunity to read and sign the deposition transcript. MICHELLE L. GRAY, A Registered Professional Reporter, Certified Shorthand Reporter, Certified Realtime Reporter and Notary Public Dated: February 20, 2019 (The foregoing certification of this transcript does not apply to any reproduction of the same by any means, unless under the direct control and/or	9 10 REASON: 11 12 REASON: 13 14 REASON: 15 16 REASON: 17 18 REASON: 19 20 REASON: 21 22 REASON: 23
10 11 12 13 14 15 16 17 18 19 20 21 22	opportunity to read and sign the deposition transcript. MICHELLE L. GRAY, A Registered Professional Reporter, Certified Shorthand Reporter, Certified Realtime Reporter and Notary Public Dated: February 20, 2019 (The foregoing certification of this transcript does not apply to any reproduction of the same by any means, unless under the direct control and/or	9 10 REASON: 11 12 REASON: 13 14 REASON: 15 16 REASON: 17 18 REASON: 19 20 REASON: 21 22 REASON:

	Page 534	
1	A CHA LONG ED COMENTE OF DEDONIENTE	
2	ACKNOWLEDGMENT OF DEPONENT	
3 4	ī Jo	
5	I,, do hereby certify that I have read the	
6	foregoing pages, 1 - 535, and that the	
7	same is a correct transcription of the	
8	answers given by me to the questions	
9	therein propounded, except for the	
10	corrections or changes in form or	
11	substance, if any, noted in the attached	
12	Errata Sheet.	
13		
14		
15		
16	GEORGE STEVENSON DATE	
17		
18		
19	Subscribed and sworn to before me this	
20	day of 20	
21	day of, 20 My commission expires:	
22	iviy commission expires	
23	Notary Public	
24		
	Page 535	
1	LAWYER'S NOTES	
2	PAGE LINE	
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		

135 (Pages 534 to 535)